MISCELLANEA MEDICO-CHIRURGICA.

THIRD PART.

OCCASIONAL PAPERS

AND

REMARKS.

MISCELLANEA

MEDICO-CHIRURGICA.

PART III.

Miscellanea

Medico-Chirurgica.

THIRD PART.

OCCASIONAL PAPERS

AND

REMARKS.

BY

E. L. HUSSEY,

FELLOW OF THE ROYAL COLLEGE OF SURGEONS
ETC., ETC.

Oxford:

BY HORACE HART, PRINTER TO THE UNIVERSITY

1894.

Miscellanea Medico-Chirurgica.

ANESTHESIA.

[M. M. C. 61,2: 96,8: 113. 188. 233. 291.]

Mr. Wheelhouse, who was a pupil at the time, and present at the operation in question, tells me that he saw the Patient afterwards from time to time; and that he is still under the impression that the *bona fides* of the case has never been disproved. He afterwards saw a good deal of mesmerism, and a great deal in connexion with it, which was, he says, undoubtedly 'humbug'; but he never heard this Patient's case proved to be such.

To C. R. K. Esq. — Your paper, of which a short note is printed in the Proceedings of the Med. Chir. Society, is on a subject to which I am glad to see attention given. The subject was in some way discussed at the Society many years ago; I think about 1850.

The objection to chloroform is stronger now than on its first introduction. It was then given to save the Patient from pain: it is now given too often for the convenience of the Surgeon; and the Patient is kept under it for a longer time than is wanted for his own ease and comfort.

In conversation once with Mr. Caesar Hawkins, I said I would undertake to amputate a thigh, — I would not say, a finger, — by a painless operation, without chloroform. I would have a long, — a very long, — knife, and I would pass it, well oiled, slowly, — by transfixion, and would cut out, by one slow sweep, without any sawing movement; the integument being well compressed, — pinched, if you will, —

as with the coverings over the hernial sac, — by myself on one side of the knife, and by a competent assistant on the other, so as to deaden the sense of pain in the part. I feel confident the operation might be done without pain to the Patient; though I never made a trial: for I preferred chloroform in all cases.

Mr. P. spoke of seeing Mr. V. operate for cataract without chloroform; and the Patient, being asked afterwards whether he felt pain, said, — Not a bit. I never gave chloroform for extraction of the lens: and I have had the same answer in every case; though the Patient has acknowleged to me that he did not believe me, when I told him before operation, that he would have no pain.

When my former Master, Mr. Welbank, was House-Surgeon, — about 1820, — he was called up one night to an Irish Priest, admitted with a compound fracture of the leg, walking about the ward, under *delirium tremens*, with the splints on his leg. Flourishing his hand above his head, he addressed the House-Surgeon as he entered, *Heus, chirurge, Latinè loquor.* We can not think the Patient felt pain in his broken limb.

Is there much sense of pain, — is there any, — except in the common integument? A former House-Surgeon, still living, underwent operation for hernia twice, before the days of chloroform. He said he only felt pain, during the operation, at one time; he thought it was from twitching a nerve. Other cases were mentioned, at the former meeting, of Practitioners who had undergone operations without complaint of pain.

6 *December*, 1893.

To Dr. O., Dublin. — Forgive me, — a stranger to you, — that I venture to criticize your letter in the *Medical Journal.* A letter from a professional man in a public journal invites criticism; and I am not inclined to enter on a discussion in the journals. Let me say that I am one of the Surgeons who give chloroform; not that I think the other anesthetics in use are unfit for the purpose, but I am accustomed to chloroform: I have confidence from long use of it; and I have not seen any harm in it.

You do not give facts in support of your opinion of the greater danger of chloroform ; but you give, what seems to me the true explanation of the cause of death under anesthesia: — 'it is because the Patient was suddenly asphyxiated by an ignorant or inattentive administrator, who probably did not know what he was doing during the administration, and was watching the operator or the operation, instead of minding the pulse and respiration of the Patient.'

Do you know any fatal case where the vapor was given by an inhaler which allowed a Patient to breathe fresh air? In examining the published reports of fatal cases, — for 30 years or more, — I have only, as far as I remember, found one such case. It happened at M. Hospital in 1877. The Patient was an intemperate man of 27. In answer to my enquiry, Mr. S. sent me a full report, adding that he 'considered that fright, acting on a weak and fatty heart, had a good deal to say to the Patient's death; as he expressed a great dread of the operation before coming into the theatre at all.'

The apparatus used in a fatal case is not always described. When mentioned, it is some kind of thing, — lint, towel, bag, — which does not allow respiration without the help of the administrator. This necessary help is not given by the 'ignorant or inattentive administrator' whom you describe: and the death is set down to the chloroform, or ether, — not to the inhaler or the administration, both of which ought to be considered, before the vapor is acknowleged to be the cause of death.

October 1889.

STONE IN BLADDER.

[M. M. C. 119.]

In April, 1885, I saw the boy, whose case is mentioned. He continued in good health, without return of complaint.

[M. M. C. 163,4.]

In May, 1885, I was informed by the lady's son, that she continued in good health.

HYDROCELE.

[M. M. C. 120,1].

The Patient, whose case is reported, died in December, 1889, at the age of 82 years, without return of the complaint. I saw him in 1883; cataract was then in progress in one eye.

HYDROCELE. PARACENTESIS.

A Medical Practitioner, 70 years of age, of rheumatic constitution, of active habits, and in good general health, observed a swelling of the right side of the scrotum, coming without known cause, and increasing for 12 or 15 months. Examination, in October 1886, by Mr. Sankey, Mr. Doyne and myself, left no doubt that it was a Hydrocele of the tunica vaginalis of the right testis. It was punctured by Mr. Sankey with a fine trocar; and about 12 ounces of clear fluid, of the usual straw color, was let out. After the operation, the Patient walked home, — a distance of about three quarters of a mile. Much stiffness of both hips followed, with swelling and tenderness of the glands in the groin on both sides. As these subsided, the scrotum increased in size; and in about 3 months it was as large as before the puncture. It was again punctured by Mr. Sankey, and about 10 ounces of fluid of the same color was let out. The Patient again walked home; and similar symptoms followed, attended with much constitutional disturbance, and depression of strength. The scrotum again increased in size; and in about 3 months more was to all appearance as large as before the two operations. The swelling was tapped a third time by Mr. Sankey, and an amount of fluid, estimated at about 8 ounces, of the same general appearance, was let out. After this third operation, the Patient went home in a carriage, in hope to avoid the inconvenience which followed the two former operations. But a similar train of symptoms followed, with a similar increase of size.

In May, 1887, the Patient punctured the swelling himself, on rising in the morning. He estimates the quantity of fluid

at about 10 ounces. As it flowed from the cannula, he observed that there were not any flakes of lymph, or other appearance of purulent matter. It was his intention to rest at home, and to confine himself to the horizontal position; and he adapted a well-fitting suspensory bandage as a support for the scrotum. While at breakfast, a messenger came, requesting his attendance at once at the house of a gentleman living at a distance of 12 miles. It was a request he felt unable to refuse; and he went, — taking what rest he could in the carriage, as he went, and came back. The same train of symptoms as on former occasions followed, with greater constitutional disturbance and prostration of strength, — ending with a rapid and general disappearance of the adipose tissue, which to that time had existed in moderate quantity about the body and limbs.

The cyst again filled, and became nearly the same size as on previous occasions. But as the scrotum was now supported by an efficient bag-truss, the local distress was not so great. In about 6 or 7 weeks the silk net of the bag-truss became loose; and one of a smaller size was obtained. This, also, after 3 or 4 weeks, became loose. A smaller net was obtained; and continued in use for about 12 months. From that time, there has not been any re-appearance of the swelling.

JOHN HUNTER.

[M. M. C. 58.64,5 : 71,2,3 : 102,3.]

To T. H. Esq. — Thanks for your Address, — on the Centenary of John Hunter's death: I read it with pleasure. If it was likely that either of us would live to the Centenary of the removal to Westminster Abbey, I should suggest a sentence of an address, — 'That there could be no more fitting place of rest for the remains of a man who had so largely illustrated the works of God.'

There is one part of your Address which you must forgive me for touching, — the pages where you refer to Hunter's

Observations *de morbis Gallicis*: I use the plural number, for there are many; and Hunter taught so.

It was an early dream of my Master, Mr. Welbank, to have an opportunity to say something, — *ad Clerum*, — for Hunter, and for what he did on the subject. Late in life he lost the energy which would have held him to the work: he began to write, but he did not finish. He told me that he met Mr. Rose only once; and that was in a case of the scaly form of disease, — the form steadily progressive, until mercury is administered, and invariably and rapidly superseded, and cured, under the exhibition of the mineral, — if properly administered, — without relapse, or re-appearance under any form (*Med. Chir. Trans.* XIII.). You do not mention Henry James Johnson. Mr. Welbank spoke of him favorably, and specially as a believer, — one of few, — in this form of *Lues*.

If Hunter had lived, with the wish to give his opinions more fully, he might have added one more to the parts 'which we have not seen affected,' — the tongue. This I say on the authority of Mr. Welbank, to whom Mr. Abernethy communicated the opinion of Hunter, confirming it by his own observation; as Mr. Welbank did, in speaking to me. Mr. W. added that, if ever in doubt in a case, directly he saw the tongue affected, he was sure it was a case of what he called a 'mock disease.' When writing on these cases, I was in communication with Mr. Welbank; and what I made public is written with his authority.

9 *December*, 1893.

MEDIASTINAL TUMOR.

In 1848, a laboring man from the country, about 35 years of age, was admitted into St. Bartholomew's Hospital under the care of Dr. Hue, complaining of pain in the chest, with shortness of breath, and general want of strength to follow his work as a gardener. The symptoms were not those of aneurism of any of the great vessels, nor was any important disease of the heart or lungs detected by auscultation.

Dr. Hue inclined to the opinion that there was a tumor of some kind pressing on the trachea. He directed that the Patient should rest in bed, for the opportunity of further examination.

Early in the morning, before Dr. Hue's visit, he complained of a sudden increase of the pain, and he fainted under it. The Assistant Apothecary, Mr. Newell, bled the man from the arm, taking some few ounces from the vein; and he was to some extent relieved from his chief suffering. At that time I was acting as Clinical Clerk; and when I entered the ward, the man was evidently dying. He was lying on his back, unable to speak above a whisper. In the subclavian region on the left side a swelling was visible, about the size of a flattened orange, which was tightly bound down by the deep structures; and a swelling, less defined, extended behind the mastoideus, and between the muscle and the trachea. The man was too much exhausted to allow a minute examination. He was sensible, and, in reply to something I said, he turned his head to me, as I stood at his left side, and said, in a whisper: 'I must die; I must die. A wife and four small children; — what will they do?' He died as I left the ward. An examination of any kind was forbidden, through the Governor, on whose recommendation he had been admitted into the Hospital.

TOLERANCE OF FOREIGN BODIES IN THE TISSUES.

About twenty-five years ago, a girl 18 years of age, was admitted into the Radcliffe Infirmary, with a small abscess on the palmar aspect of the hand over the carpus, between the pisiform bone and the carpal joint of the thumb. It was of recent formation, and was attributed by her to the free use of her hand in house-work. I punctured it with a lancet, letting out about a dram of well-formed pus. The point of the lancet struck against some metallic substance. Drawing aside the edges of the puncture, a small black substance was seen at the bottom, and withdrawn with forceps. It was

a piece of a copper percussion cap, much discolored. The patient could not give any account of a former injury.

Upon enquiry of her mother, she said that the child, when about 5 years old, was playing with her brothers, bursting some percussion caps on a piece of slate pencil; and that she then received a wound on the hand. This healed readily, and nothing more was thought of it. The piece of copper, it seems, must have entered at the time, and remained without giving trouble until lately.

Lancet, November 1888.

CO-EXISTENCE OF ERUPTIVE FEVERS.

Cases of two different kinds of eruptive fever in one Patient at the same time are not, I think, uncommon. Some years ago, a case of Small-pox and Scarlatina in a child, came under the care of two Practitioners in this city, — Dr. Giles and Mr. Weaving, both men of experience, neither of them now living.

Mr. Weaving was asked to see a child who had been ill for some days. On making his visit, he found the child under an attack of Scarlatina, well marked in every respect; and he told the mother that the child had Scarlet Fever. He did not see the child again. Some days afterwards Dr. Giles was asked to see the child. The mother told him that the child had been seen by Mr. Weaving, who pronounced the case to be Scarlet Fever. Dr. Giles saw that the child was suffering under the characteristic eruption and other symptoms of Small-pox; there could be no mistake about it. After giving directions for the treatment, he called on Mr. Weaving to tell him, as a friend, of the mistake he had made in diagnosis. Mr. Weaving, however, would not acknowlege that he made a mistake. He said the symptoms of Scarlatina at the time of his visit could not be mistaken by any Practitioner.

They went together to see the child; and Mr. Weaving then agreed with Dr. Giles that the case was clearly one of Small-pox. They visited the child together during the illness; and as the symptoms of Small-pox passed off, those

of Scarlatina again came out. The two Practitioners attended the child throughout the attack of Scarlatina, as they had done through the Small-pox. The child recovered favorably.

British Medical Journal, November 1890.

A BUTTON-HOOK IN THE INTESTINES.

A case of a button-hook passing through the intestinal canal was under my care about twenty-eight years ago.

A boy about 7 years of age, sitting at table in the nursery with his young brothers and sisters, was playing with an old button-hook. The wooden handle had long been broken off; only the iron part remained. The nursery maid told him to put it down. 'Sha'n't,' said the boy. Upon her going to take it from him, he put it into his mouth, hook foremost, and swallowed it at once. The mother reported the case to me, and asked what was to be done. I advised that all the motions passed by the boy should be examined, and that no purgative medicine of any kind should be given. Three or four days afterwards, I was told that the button-hook had been passed *per anum* without difficulty; and no further inconvenience was found.

Lancet, January 1889.

PHYSICIANS AND DOCTORS.

[M. M. C. 404,5,6.]

To Dr. J. W. M., M.D., Dublin. —With this, I send a printed copy of a letter addressed by me several years ago to Dr. W.: neither he, nor any one else, has given an answer. My attention has been recalled to the subject by your letter in the *British Medical Journal.*

To you — as to every one who cares for the subject, — I submit that it is the rule of Society to call a Physician a 'Doctor,' and to address him as such, at all times, and on all occasions; and that it is a want of courtesy to do otherwise, in speaking, or in writing.

You can not show any Law, or Judicial opinion, forbidding this, or controlling Society in acting with that courtesy toward Professional men of education and gentle bearing. Nobody denies the right of the Universities to confer degrees in the different faculties: — nor did any person, — except, perhaps, a Quaker, — publicly and persistently challenge the courtesy of Society, until the President and Fellows of the College of Physicians in Ireland adopted the resolution printed in your letter.

26 *January*, 1892.

To the Editor of the *Medical Journal.* — The question of the title borne by Physicians who have not been 'capped' in a University is again brought to notice by the letter of Dr. M. If Professional men are not to be addressed by a title generally adopted in Society, there are no signs of unwillingness to follow custom in speaking and writing of persons of noble birth and higher station. A person of high rank by marriage, often mentioned in public, is no-where called 'Sir J. C.,' the only title to which he has a 'right,' by the 'law,' to which Dr. M., and some others, are so ready to appeal.

January 1892.

[M. M. C. 27. 38. 61. 168. 169. 209. II. 48.]

Dr. Clement Hue, — for many years Physician and Lecturer at St. Bartholomew's Hospital, Physician to the Foundling Hospital, and to Christ's Hospital, and Registrar of the National Vaccine Establishment, was a native of Jersey, where his father's family had been resident for several generations: he was born in May 1779, being the seventh and youngest son of his father: — 'He was a man, I knew but in his evening.'

He received his classical education under Dr. Lempriere at Abingdon School; and he was afterwards a Fellow of Pembroke College, Oxford. He took the degree of Master of Arts in 1803, and Doctor of Medicine in 1807. After completing

his professional education he was admitted a Licentiate, and in due course a Fellow, of the College of Physicians. He was one of the 'Elects' of the College, — a select number of the Fellows, who then had the duty of electing one from among themselves to the higher office of President of the College. By nature, as well as by early taste, he was little inclined to seek the distinction of high office and public life; and he declined the offer which was pressed upon him, to take the office of President of the College. He was a man of great and acknowleged skill in his profession, and much respected by his professional brethren, and all who were acquainted with him. In the early days of the Medical School, his teaching was sought, and much valued by a large and attentive class of pupils.

Dr. Hue was a good French scholar, and a ready and effective speaker in that language, and in English. On the occasion of a festival at the Hospital, when the Baron Heurteloup was present as a guest, and his health was given as a toast to the assembled company, hesitating to rise in acknowlegement of the compliment, and to express his thanks in suitable terms in English, he stated the difficulty to Dr. Hue, who was sitting near him, with his own wish to speak, if he might be allowed, in French, — a language more familiar to him, Dr. Hue offered to give his words in English; and, rising with him, Dr. Hue rendered off-hand into English, each sentence, as it was delivered by Baron Heurteloup in French.

Upon resigning office as one of the Physicians to St. Bartholomew's Hospital, he was appointed by the Governors 'Honorary Consulting Physician,' — being the first of the Medical Officers of the Hospital on whom the distinction was conferred.

Dr. Hue died in June 1861, in his 83rd year, in Bedford Square, in the house in which he had resided for several years. He was buried at the Foundling Hospital, an Institution in the affairs of which he had taken an active part for many years of his life.

[M. M. C. 164.]

MR. J. F. CROOKES was of a Yorkshire family; and on the recommendation of an uncle, who was in practice at Barnsley, he was apprenticed to Sir William Lawrence, and served the minor offices of Dresser and House-Surgeon under him at St. Bartholomew's Hospital. He was born in 1811; and he received a good classical and general education under private tuition, before entering on his proper professional studies. He was for some years one of the Surgeons to the Farringdon Dispensary; and discharged the duties honorably and efficiently, with attention and punctuality. A large and creditable field of work was then open to young and active members of the profession, affording opportunities for gaining skill and experience for themselves, and for occasional pupils, at a time when the Hospitals in London did not undertake the charge of Out-Patients. Mr. Crookes also acted generally as Sir William Lawrence's deputy in visiting prisoners at the Bridewell Hospital, to which Sir William was the Surgeon.

Mr. Crookes's contributions to professional literature were confined to a single paper, referred by Sir W. Lawrence to the *Medical Gazette*, relating a case of tracheotomy, performed in the absence of Sir William Lawrence, upon one of the female prisoners, suddenly appearing *in extremis*, from laceration of the larynx and pharynx, while trying to swallow a sharp piece of a crust of bread; and a case of restoration of the urethra in a woman, in one of the other Prisons.

Mr. Crookes retired early from practice; and soon after his marriage went to reside in Kent, among members of his wife's family, paying an occasional visit to his own relations in Yorkshire. He was a man of an active disposition, with a ready power of acquiring information, and he found for some years occupation in duty as an Officer of the Volunteer Artillery. He died at Folkestone, in August 1892, in his 82nd year.

THE COLLEGE OF SURGEONS.

[M. M. C. II. 14.]

To C. S. Esq. — The four questions in your letter are more easily answered on this paper, than on yours.

The 'privileges' of those Members of the College who are Fellows have become so scanty, that they are hardly worth a thought. They can vote for Members of the Council: but they have ceased to elect them. I disapprove further degradation of the Fellow's diploma.

'The expenditure of the College-funds,' and all other affairs of the College, have always been 'controlled' by Members of the College; and the business, I presume, is always done at a 'Meeting.' I know not what change is proposed. I disapprove of the attempt to deprive the Members of the College of this privilege: and I also disapprove the attempt to remove this, or any other business, to Members of any other College.

A 'Member' of less than 'twenty years standing' can now be elected President or Councillor. I approve a change which will hinder a Member from being elected either President or Councillor, — unless he is a Fellow of the College, having received his diploma as Fellow before 1852, — or, if since, after examination only.

I approve a change which will hinder a Member of the Council from being 'eligible for an Examinership,' unless he is a Fellow of the College, with a diploma as Fellow before 1852, — or, if since, after examination only. I also approve a change which will hinder any but Members of the Council from being Examiners: for I think that if a man ought not to be a Member of the Council, he ought not to be an Examiner.

22 *April*, 1889.

VERBOSITAS PRESENTIS SECULI, CALAMITAS ARTIS.

To H. W. A. Esq. — As I understand the printed papers sent to me, the Committee of the Association wish to 'learn

the views' of Fellows of the College, upon what is there stated. The College of Surgeons was founded 'for the due promotion and encouragement of the Study and Practice of the Art and Science of Surgery.' This, it appears, is not the purpose for which the Association was formed.

For the purpose of considering the many matters, — unconnected with the Art and Science, — for which the Association was formed, it seems to me that the Hall for the examination of Candidates for Licenses to practise, is a better place than the College of Surgeons, for the business undertaken by the Association.

I do not acknowlege the assumption of the Committee that the Fellows of the College of Surgeons, admitted after examination, are in a lower position in any way, than Fellows of any other Society in the Kingdom. I look on the Fellowship of the College of Surgeons, given after examination, as an honor, and the highest position which a man can reach in his profession by his own exertions. Since the Charter of 1852 the Fellows created under the Charter of 1843 have ceased to have the power of choosing the Members of the Council. A power, which is able to control them, has been given to other Members of the College, under what was called 'the ten-pound swamp.' The power of voting by ticket, without personal attendance, helps to lessen the power given to the Fellows by the Charter of 1843. The object of the Association, as it seems to me, should be to have this departure from the Charter of 1843 undone.

That in some other professional Societies, — as the College of Physicians, — the persons called Fellows, created at the foundation of the College, were then appointed to have the general management of the affairs, — *non sequitur* that in the College of Surgeons the persons newly named Fellows have the same rights, because they are called by the same name. There is no magic in words: there is none in names or titles, new or old.

5 *March*, 1890.

To L. T. Esq. — Before considering the objects of the

Association of Fellows of the College of Surgeons, as given in your letter, will you be good enough to let me know why we are called 'the Fellows and Members.' I am a Fellow and Member: so are you. Why is this addition now to be made to the style by which all Fellows of the College have been known ever since the first creation of them under the Charter of 1843?

31 *October*, 1890.

To the Same. — Without accepting as binding the opinion you mention, — that the Fellows of the College ought properly to be styled 'Fellows and Members,' — I thus answer the questions in your letter.

The College of Surgeons was founded 'for the due promotion and encouragement of the study and practice of the Art and Science of Surgery.' This does not appear to be the object, — as far as I understand it, — of your Association. It is not suggested that the purpose, for which the College was founded, will be promoted by the 'organizing' which you propose. The discussion suggested can be made and the consent of the Fellows and Members can be had, without their coming together to talk; — and a Report of the Council could be adopted in the same way. When the Members of the Council are elected by ticket, without the personal attendance of the Fellows and Members, no reason is given why they need be present at such an other Meeting as is proposed.

3 *November*, 1890.

To the Secretary, College of Surgeons. — Although in the printed papers received from you yesterday, — about a revised scheme for the University of London, — you do not ask for any expression of opinion, I presume it to be your wish to receive such from the 'Fellows and Members' of the College, whom you summon to a Meeting.

I observe that a 'School of Medicine for Women' is to be one of the constituent Colleges in the Faculty of Medicine, — in common with the Schools connected with the Hospitals. In that School, as I suppose, a full course of instruction for the

profession and practice would be given to women, as is given to young men in the Schools of the Hospitals, except that persons of the male sex would not be taken as pupils.

Any scheme for training women to be, as men are, Practitioners in Physic and Surgery, seems to me to be a degradation of women, and opposed to the purposes for which, — as I understand them, — women were placed in the world by the will of God; and I will not take part in proceedings to promote it.

22 *April*, 1891.

CORONER'S PRACTICE.

[M. M. C. 350,-84. II. 15-28.]

Addressing the House of Lords during a debate, the Lord C. said, Inasmuch as the Coroner is a judicial person, I think a veto on the appointment of a Deputy should be exercised by some person entrusted with judicial powers. Lord K. said, An Officer who is a quasi-judicial Officer should be approved by a judicial person. The principal Officer (the Coroner) should be appointed by the County Council; or in a borough, by the Town Council. Lord H. said, the Coroner is not a judicial Officer. . . . When does the Coroner deliver a judgement?

See the remarks of Lord Abinger, Chief Baron, in 1842; Jewison *v.* Dyson: — The remarks of Mr. Justice Day, at Belfast, October 1886: — and Mr. Justice Mathew, Evicted Tenants Commission, Dublin, November 1892.

The word 'Coroner' has too much of King-craft in it, to be agreeable to the children of men, who threw off their allegiance to the Crown; and they have invented a scheme, for doing by two or three hands, some part of the work which is done in England by a single Officer.

You describe well what is wanted: 'That in all cases of death from violence, whether accidental or not, the exact cause of death should be ascertained by public enquiry.' You do not tell your readers how it is to be done, when

the attendant Practitioner does not give the Coroner the information, which would enable him to form an opinion whether a Jury ought to be summoned: and when the system of registration allows some single symptom, arising in the last hours of life, to be certified as the one cause of death, and to be registered as the cause, without asking any questions.

That many Inquests now held by the Coroner might be conducted by him without a Jury, was brought publicly to the notice of the Secretary of State, between six and seven years ago. It may be double that number of years yet, before such a change in an established system is allowed to become law.

British Medical Journal, September 1890.

Allow me to add to your remarks, that there are very few cases of natural death, in which a Coroner would call an Inquest, if trustworthy information was given to him at first. When a Medical Practitioner recognizes his duty to the family of a deceased person, and after making himself acquainted with the circumstances of the death, puts himself in communication with the Coroner, the information he can give is always the best and fullest. In most cases, it is all that is wanted; and where the Coroner is satisfied, neighbors are content. The difficulty is, that the information which ought to be before the Coroner, is kept back, the friends make a mystery, suspicion is raised, and public enquiry follows as a matter of course.

British Medical Journal, October 1891.

In the Medical Journal are some remarks upon two Inquests, one of which was held before me. You do not approve of a letter which has been before the Committee at a Hospital appearing afterwards in a newspaper. You have never shown displeasure at the appearance in a newspaper of letters from 'aggrieved' Practitioners, when they wish to exercise themselves, without first bringing their grievance to the knowlege of the Coroner.

The other Inquest I only know from your notice of it. If

the verdict was against the evidence, it is a case which happens sometimes, notwithstanding the care given by the Coroner. If an other verdict might have been found upon other evidence, you will do a public service by calling attention to the neglect of public duty in those who know of such evidence, and failed to bring it to the notice of the Coroner. It can not be too plainly brought to the knowlege of Practitioners that the purpose for which an Inquest is required is to find whether the death was from natural causes by visitation of God, or from unnatural causes at the hand of man; and that where an Inquest is required, it is an offence against the law to give a certificate for registration of the death.

August 1892.

— 'It is idle to hold Inquests,' said the President of the Society of Coroners, 'when the information is withheld from us.' —

To the Registrar General of Births, Deaths, &c. — On 30th June last, a Child named S., 4 years old, the Child of Parents living here, was taken with its Mother to B. When there, the Child was suddenly ill, and was seen at the Railway Station, — either dead or dying, — by Dr. C., who refused to certify. The body was brought home: a Certificate was obtained from Mr. W. of Oxford, and sent to B. for registration. The Child is buried in Oxford.

As the Coroner of Oxford, I venture to submit to you for enquiry, — why the Registrar registered a case of sudden death at B., — and upon whose information, — on the Certificate of a Practitioner at Oxford, — whether the Certificate states that the Practitioner attended in the last illness, — and whether the case was referred to the Coroner. The Child was in its usual health, when taken from home. If not so, a question arises, whether the death was brought about by the journey to B. The case seems to be one in which, under the Coroners Act, it is compulsory to summon a Jury.

Through your enquiries, I may perhaps obtain satisfactory information of the cause of death without that.

18 *August*, 1891.

To A. W. Esq. — Some days ago you spoke to me about Mrs. S.'s Child. From B. I learn to-day that you certified the death from thrombosis (of leg), embolism (of pulmonary artery), and asphyxia ; and that this was confirmed by Dr. C., on giving information to the Registrar there : — that the death on 30th June, was registered on 8th July, — Dr. C. being Informant. Assuming the existence of the complaints in the Child, when taken from home, were the Parents made aware of it, or warned of possible danger from traveling by Railway, and the chance of death coming on with short and sudden symptoms? These are questions which I should put, if before a Jury. As far as my information goes, the death was sudden and unexpected.

Will you be good enough to let me see the letters which passed between you and Dr. C. I should put the same questions to him, if before a Jury. If you can give me this information, circumstances, which now seem to me suspicious, may become clear, without the necessity of summoning a Jury to consider them. Your own opinion, that the Child was not hurt by the journey, — though credible testimony, to guide me, — can not be taken as evidence to a Jury : you did not see the Child after she left home, nor, — as I think, — for 36 hours before the fatal symptoms.

29 *August*, 1891.

To the Registrar General of Births, Deaths, &c. — In acknowlegement of your letter of the 28th inst., I thank you for the information you have obtained for me.

Application, — a stranger being Informant, — 9 days after death, in the month of July, — to register a sudden death at a Railway Station, — removal of the body, — burial without previous registration, — no medical Certificate from the Practitioner present, nor Clerical Certificate of the burial, — production of a Certificate from a Practitioner at a distance, not present at the death, — would open the eyes of some

Registrars, to see a case for reference to the Coroner, without the need of the suspicious circumstances which you tell me were suggested at the time of registration.

31 *August*, 1891.

To A. W. Esq. — Suspicious circumstances, which (you tell me,) you can not detect, are, — sudden death at a Railway Station, — refusal of the Practitioner present to certify, — removal of the body, — burial without previous registration, — refusal by the Mother to tell the name of the Practitioner, — refusal by you to give a copy from the counterfoil of your certificate, — remarks made by you when you were with me, — application by a stranger, to register, 9 days after death, in the month of July, — your refusal to give information for which I have asked you. The Registrar General informs me that suspicious circumstances were suggested at the time of registration.

31 *August*, 1891.

To E. J. S. Esq. — You know, I believe, that I have made enquiry into the circumstances of the death of your young child at B. It was my duty on behalf of the Crown. If you and Mrs. S. have felt annoyance, I am indeed sorry. If Mr. W. had put himself in communication with me, before giving a certificate, much trouble would have been saved; and it is likely that neither you, nor Mrs. S., would have heard of the enquiry being made. Enclosed is a copy of letters I have had to write, to obtain necessary information.

7 *September*, 1891.

The Father of the Child, in acknowleging the letter, suggested Measles as the cause of death.

The Officers at the Station might have sent a messenger by the next train: and the Coroner could have had within an hour, or little more, and before the body was moved, all the information wanted to enable him to form an opinion whether, or not, it was necessary to summon a Jury. There was reasonable excuse under the Registration Act, s. 39, to justify

a Medical Practitioner in refusing to give a certificate of death.

To H. M. Secretary of State : — In June last a Child, taken by Railway to B., died suddenly at the Station on arriving there. The body was brought to Oxford, and buried privately in the City, within my jurisdiction as Coroner. Six weeks afterwards, I heard of the death. I was unwilling to dig up the body, without evidence of criminal neglect on the part of those who took charge of the Child. Upon communicating with the Coroner, from whose district the body had been removed, I was informed that he knew nothing about it: notice had not been given to him.

Considering that it is the duty of all persons about the deceased to give immediate notice of such a death to the Coroner, and that Officers of a public Company are not, as far as I know, exempt from the general law which lays the duty on private persons, I take the liberty of respectfully submitting that every case of death on a Railway, — in a carriage or at a Station, — ought to be reported to the Coroner by the Officers of the Company without delay ; and that this state of the law should be brought to the knowlege of the Managers of all the Railways. Coroners are bound under certain Statutes to give notice of deaths to different public Officers ; and penalties can be inflicted for acts of disobedience. But there are not, as far as I know, any means, — Statutory or otherwise — by which obedience to the general law can be enforced on the Managers of Railways.

The delay in bringing this before you arises from the time taken in learning who was the Coroner for the district of B., the refusal of persons to give information when application was made to them, and my attendance at a meeting of the Society of Coroners, whose concurrence I wished to have in bringing this before you.

17 *May*, 1892.

From the Under-Secretary of State. — I am directed by the Secretary of State to acquaint you that he has carefully considered your letter of the 17th ult., drawing attention to

the obligation of Railway Companies to report any death occurring on premises in their occupation, to the Coroner of the district, and to say that the Secretary of State has been in communication with the Board of Trade in regard to this matter; but, as at present advised, does not see sufficient necessity for any legislation on the subject.

30 *June*, 1892.

To the Mayor of Oxford. — In conversation yesterday with my Officer about the refusal of the Officers of the H. Union to bury the body of a stranger lying at the Public Mortuary room in the O. Union, I was informed that you had said that my Officer ought not to have taken the body there.

The persons who moved the body, acted under orders from me, having jurisdiction in the matter. Whenever you have cause to call in question what is done by Officers acting under my orders, I venture to submit that your remarks should be addressed to me. Any explanation that you may at any time wish to have, it will always be a pleasure to me to give.

26 *November*, 1892.

Note. — The Mayor told me, in reply, that he did not make the remarks attributed to him. Afterwards, I was informed that the remarks were by one of the other Magistrates present.

To the Town Clerk. — Your letter touches two points, — the removal to Gloucester Green of a body on which an Inquest was held, — and the expense of the burial of the body afterwards. In my letter to the Mayor, I said that the persons who moved the body, acted under orders from me, having jurisdiction in the matter.

If the Mayor had asked for the explanation, which I told him it would be a pleasure to me to give, he would have heard that arrangements were being made, under which the expense of the burial would not have fallen on the Corporation, or on either of the parishes in dispute.

2 *December*, 1892.

To the Same. — It occurs to me that I may have overlooked one of the points of your enquiry, — the right to hold

an Inquest in the buildings in Gloucester Green. — I keep one of the three keys of the Dead-house. It has been the custom since 1889 to hold Inquests in the Market-House, when not wanted for other purposes; and in 1890, with the knowlege of the Town Council, I paid from my own pocket a sum of £8 for necessary alterations.

When the Local Board of Public Health refused the application I made to them to provide some kind of place for bodies waiting an Inquest, the Local Government Board in London, upon application made to them, ordered that a proper place should be provided for the purpose. The building in Gloucester Green does not fully satisfy what is required by the Local Government Board. But the open space in Gloucester Green was so desirable, and so well fitted for the purpose, that I did not wish to make objection, and to urge the outlay of the large amount of money, which would be necessary in any other part of the City. If there was any written agreement for the use of the buildings, I do not remember that I had any knowlege of it.

Although I can not allow interference with the discretion I have by law in moving a body, there ought, I think, to be more places in the City for bodies found, or otherwise waiting an Inquest, or which for any other reason ought to be moved from the place of death. It might then happen less frequently, that a body would be moved from one Union to an other.

5 *December*, 1892.

To the Editor of the ****** *********. — A man who undertakes public office in a free country should not be too thin-skinned, — was a remark made by one of the Queen's Judges in a case before the Court: and if the adviser of a band of partizans, who publicly declared himself at deadly enmity with almost every leading Liberal in the Town, and made without foundation charges of corruption against Public Officers and Magistrates, getting well out of Court by the skin of his teeth, — if such a one likes to air his discontent in the accredited organ of a discredited faction, — a Journal

which was once cast in damages in an action of libel, — don't you think we know the reason why?

And if the Servant of an electioneering Agency, sitting at a certain table, can wheedle, or frighten, persons about him to lend their ears for a while to a little tall talk, without the care or concern to bring the 'prave 'ords' to the test of facts, while he mounts his crippled hobby, and is off with a florish, — don't you think we know the reason why?

July 1893.

'By-the-bye,' a friend said to me one day, 'have you seen the Oxford *****: there is something about you in it.'— 'A low ********** thing,' I replied: do you think I read the Oxford ****?' 'You should read this,' he added; 'it is not a common article: it is written by a Lawyer.'

— Non me tua fervida terrent
Dicta, ferox. —

'A news-writer,'— it was the opinion of Dr. Johnson, — 'is a man without virtue, who writes lies at home for his own profit.'

Cases of death from unnatural causes, and even from violence, known or suspected, are not always brought to the knowlege of the Coroner as they should be, by the persons who are about the deceased, or by those who have a knowlege of the circumstances. [M. M. C. II. 22.]

A young child died from inflammation of the brain, after being overturned in a 'perambulator,' and thrown down a steep foot-path. This came to my knowlege too late, to make it desirable to dig up the body for examination. In an other case, there was some reason to think that a woman died after an operation, performed for the purpose of procuring a miscarriage. The rumor seemed to me too vague, and proof too doubtful, to justify me in having the body dug up. Two other cases of death after violence, in which the death was

registered upon certificates given by Officers of the Radcliffe Infirmary, without notice to me, I brought to the notice of the Registrar General, as cases of death registered, instead of being referred to me.

A man working among cattle, and employed by the slaughtermen and butchers, was admitted into the Radcliffe Infirmary, with symptoms of 'blood-poisoning'; and died the day he was admitted. The certificate usual in a case of natural death was given, for registration; and the body was removed, and buried, without my knowlege. The same was done in two other cases of 'blood-poisoning' which happened there.

A child, sick after a fall in its father's house, was attended by two Medical Practitioners; and died after some three or four weeks' illness. The fact of the fall, and that the symptoms which led to the death, were caused by the fall, was known to both Practitioners. Yet a certificate of the cause of death was given, and the death was registered, without mention of it.

In these cases, the Medical men knew there was 'reasonable cause to suspect,' that the Patients died, — in the words of the Coroners Act, — 'either a violent or an unnatural death,' being cases in which the Coroner is required by that Act to summon a Jury, and hold an Inquest.

In such cases, and in cases where the true cause of death is concealed, or misrepresented, at the time of registration, and where, therefore, reasonable cause of suspicion exists, I have been unwilling to have the body dug up, unless it is likely that some measure of public good will be gained by it. I am not sure that the excuse would be allowed, on complaint made of the Coroner's neglect. No discretion, — whether or not there shall be an Inquest, — is now left to the Coroner. It may be a question, whether Medical men, in giving a certificate for registration in such cases, do not lay themselves open to prosecution for helping the burial of a body without the Inquest required by law.

Once I had a body dug up, — a new-born child, — which had been buried without any religious ceremony; and once

I had a drain opened, for recovery of the body of a new-born child, which had been pushed there, to conceal the birth.

Some Inquests have been held on young children dying without medical attendance. In several, the life of the Child was insured for a small sum of money, — yet, a sum larger than is wanted for the expenses of burial. The law requires that Parents shall provide medical attendance, with other necessaries ; and in cases of doubt, or suspicion, it is desirable that a Jury should give an opinion whether neglect of duty has led to the death.

A case where the death was from natural causes is worth attention. It was reported that a Boy died from violence received at school from the Master. Upon enquiry of the Medical Practitioner who knew the Boy, I was informed that he died from Consumption. The Practitioner had not heard of an injury ; and he did not believe there had been any. With this I was satisfied : and I gave my opinion that an Inquest was not necessary. The neighbors, however, were not satisfied : they believed the report. I then directed the Practitioner to examine the body, to see whether there were any signs of injury ; and to open the head, and also the chest, to find what was the cause of death. At the Inquest, it appeared that the last day the Boy was at School, there was some rough play among the Boys ; and this Boy was among them. The Master was not in the room at the time ; and he did not hear of it till afterwards. The medical evidence showed that there was not any appearance of injury ; and that there was not any disease beyond what is usually seen after death in consumption.

In many cases, the cause of death certified and registered is as vague, and as far from representing the cause, as in the old Bills of Mortality. In the tabular list of deaths at the Radcliffe Infirmary, printed in the Report for 1887 the cause of death in 35 is from exhaustion, in 7 from asphyxia, in 3 from syncope, in 3 from shock, and in 2 from collapse : in 1888, the cause of death in 27 is from exhaustion, in 5 from asphyxia, in 2 from syncope, and in 2 from shock, — all, in plain English, from want of breath. [M. M. C. 367.]

The system of Registration is defective ; and facility is

afforded for burial without Inquest. It may be doubted whether, in all cases, the family of a deceased person wish that the cause of death should be recorded in a public register. It is a defect in the printed forms supplied to Medical Practitioners that no opportunity is given, — and they are not asked, — to state whether the symptoms named in the Certificate as the cause of death, are the result of natural causes. The symptoms are in many cases certified, and registered, as being the cause of death, without reference to the disease, or injury, which was the cause of the symptoms. Sometimes the handwriting is such, that Registrars, and others, have a difficulty in reading the outlandish words given as the cause of death.

The particulars necessary for registration are required from the relations, or other persons in attendance during the last illness, with the Certificate of the Medical Practitioner, stating his opinion of the cause of death. In the case of an Inquest, the Coroner gets the particulars from the witnesses, and sends them to the Registrar. This being the law, it seemed to me that the same evidence ought to be brought to the Jury. In Inquests at the Radcliffe Infirmary, I required that the Nurse, or other person present at the time of death, should come before me ; and that the Physician or Surgeon, who had the Patient under his charge, should attend, to prove the cause of death. Being afterwards in communication with persons connected with the Registrar General's office, I found their opinion to be that, if the particulars required for registration were proved by credible testimony, to the satisfaction of the Jury, the Coroner need not, as a general rule, call for other evidence. Upon this, I was satisfied to take the opinion of the Physicians and Surgeons from the House-Surgeon ; and so to release them from attendance at the Inquest.

But, in a criminal case, such testimony, given at second hand, is not evidence. The medical man, who undertook the charge of the deceased, and prescribed the treatment, ought to attend, and give evidence in the Coroner's Court, — that his evidence may be taken in writing, for production at the trial of the person charged. At the Hospitals in London, and in the large towns, no objection is made by the Physicians and

Surgeons to their attending, when desired by the Coroner; — nor, indeed, would an objection be allowed by the Governors. The duty 'to conform to the requirements of the Coroner, and render him every assistance in the conduct of his Inquest,' is acknowleged, — the duty, in short, 'to honor and obey the Queen, and all that are put in authority under her.'

The Managing Governors of the Infirmary solicited the intervention of the Secretary of State. He told them, that the Coroner is not only entitled, but bound, to summon every witness whose evidence he considers essential; and that in the exercise of his discretion he is not to be interfered with: and he recommended that the Officers of the Infirmary should readily conform to the requirements of the Coroner, and render him every assistance in the conduct of his Inquest. The only person who has failed to attend, when I have sent to him, that his evidence would be wanted, was one of the Surgeons of the Infirmary at an Inquest held there; and that without giving, then or afterwards, any explanation of the cause of his absence. [M.M.C. 365.] An other of the Surgeons attended at two Inquests there, each time accompanied with a Solicitor; not the way to make a Jury think well of his evidence. The House-Surgeon does not always attend; and, when he does, he is not often present, — as he ought to be, — at the opening of the Court.

Attention has been directed now and then, to some or other of the Inquests, in newspapers, — 'the place where Ignorance talks to Ignorance and seems wise.'

A young woman, upon sudden symptoms of illness, was taken to the Infirmary. Being insensible at the time of admission, she continued so till death. She was not seen by any Physician or Surgeon of the Infirmary. After death, her friends were told that the certificate of the cause of death could not be given without opening the body. The friends sent to my Officer; and put the case into my hands. A question of neglect of duty undertaken called for enquiry. Each week the Committee of Management publish in the local newspapers the names of the Physician and Surgeon, who undertake the charge of the Patients admitted the next week. On the faith of this, the Patients, — 'poor and real objects of charity,'— are

sent into the Infirmary for treatment in illness away from their friends. On this occasion, the Committee named Dr. C. and Mr. M. Neither of them saw the Patient.

When a Patient dies in a Lunatic Asylum, in a retreat for Habitual Drunkards, or in a house licensed for the care of Infant Children, a statement of the case, and of the cause of death, is required by Act of Parliament to be sent to the Coroner by the Superintendent, or the Practitioner in attendance. It has been suggested that the same should be done when a Patient dies in a Hospital. The Coroner is the only independent authority standing between the Managers of those Institutions and the persons in their keeping. That the Coroner of the City is an Officer independent of the Governors of the Radcliffe Infirmary, and superior to them, was an objection publicly made by the Chairman of the Committee of Management ; and at a public Meeting at the Infirmary, one of the Governors openly suggested, — without reproof from any one present, — that Patients were sent to Hospitals, for their bodies to be experimented upon.

A Medical Practitioner complained in a newspaper that a certificate given by him was refused by the Registrar, when it ought to have been registered, that it was 'ignored,' and that the Inquest held was unnecessary. If he had been present, he would have seen his certificate produced, and accepted as evidence of the cause of death. If he had known what I and some of the Jury heard before the Inquest, I do not think he would have given the certificate, or that he would have wondered that the Registrar refused it. It is not desirable that the Coroner should be too ready to make public, in a newspaper or other places, the information he receives, with (may be) the scandals that reach him, and under which it becomes his duty to act. The Jury generally see and understand why they are called together : but, what satisfies them of the need of an Inquest, does not always reach persons who are not present.

A case was brought before the Town Council on complaint of one of the Coroners for the County. A young child, living with its Mother, an unmarried woman, beyond the boundary of the City, being taken ill, was brought by a Nurse to

a Medical Practitioner, and died at his house within the City, before he saw the child. The body was taken home by the Nurse. The Registrar refused to register the death without directions from the Coroner. For some reasons, which I could never understand, the Coroner for the district did not hold an Inquest. The body was afterwards taken to a house in the City; and, as it lay there, it became my duty as the Coroner of the City, to summon a Jury, and to hold an Inquest.

It is not generally thought good policy for persons in public stations, and for professional persons, to be too forward in calling attention to acts of others, suggesting neglect or improper discharge of duties. Questions, unprofitable in discussion, can always be raised, without a knowlege of the attending circumstances, and charges can easily be made, of neglect and misconduct, or of mistakes.

Public attention was directed to a case, — and complaint made to the Town Council that the Inquest had been held too soon after the death. One day, about 12 o'clock, walking in the public Street, I saw a carriage waiting on the other side of the Street, at the office of a Solicitor. At the same moment, he came out, and came across to me, informing me that a Gentleman was just then dead suddenly at his Counting-house, within a hundred yards of where we were standing. He asked when the Inquest would be held. I said that I would be ready: but that the hour would depend upon whether a Jury could be in attendance. I went to the Town Hall, opposite to the Gentleman's Counting-house where the body was lying, and I met the Summoning Officer. He said that a Jury could attend at 3 o'clock; and that he would summon them. I then told the Solicitor that the Inquest would be at 3 o'clock. He asked what evidence would be wanted; and he undertook to have witnesses in attendance. The Inquest was held accordingly; and within less than four hours of the death.

Some persons think the Coroners do not carry the enquiry far enough; that scientific evidence, — medical especially, — ought always to be taken, and the body opened, and examined, at the wish of Medical men, without reference to

the opinion of the Coroner and the Jury. Others think the enquiry is carried too far. Some think there need not be any Inquest at all: some think there ought to be more Inquests. At present, the law leaves it to the discretion of the Coroner, — except in the cases named in the Coroners Act of 1887.

The enquiry before the Coroner is for the purpose of finding whether the death was caused by the visitation of God, or by the act of man, and whether any one is to blame. The evidence is often defective; and it is not always trustworthy. The Coroner receives it, and records it, if admissible. It is not his duty to collect evidence. It is the duty of every one having knowlege of the circumstances, to give information at once to the Coroner, or his Officers. 'It is an offence against the law,' said the Lord Chancellor Selborne,' to delay giving notice to the Coroner.'

On some occasions I have been asked by the Jury to censure a witness, for conduct which became public during the enquiry. I told the Jury that such a thing was not within the power of the Coroner's Court. Before being censured, a witness, — equally with other people, — ought to be heard in his defence. The Coroner has no authority in such a matter. The duty of the Coroner and Jury is to find the cause of death; and if it is from criminal violence or neglect, the question is to be referred to a Higher Court.

In cases of suicide, questions have been put to me by the friends, about the burial. I told them that my authority, under the Registration Act, was all that was wanted. The Coroner has nothing to do with the religious ceremony, or other proceedings after the Inquest.

I have only once been away for as long a time as two days together; and on that occasion, I came back the day after I went from home, to hold an Inquest which I should have held before I left home, but for the delay at the Radcliffe Infirmary, in failing to send notice of the death of a Patient there. I live within five minutes' walk of the Infirmary on one side, and the Summoning Officer within five minutes on the other, yet notice was not given to me till 40 hours after the death of the Patient.

To S. F. B. Esq., — Bearing in mind that the primary object of the Coroner's enquiry is to find *whether any be culpable*, . . . who, and in what manner, — How is the *Cause of death* to be found, in the absence of a Medical witness to describe it? The County, in which your district lies, is not the only County, where the Council are considering the expense of Medical evidence, and whether such evidence is necessary, unless violence is known or suspected. — How the Jury are to find, . . . who is to blame, and how far? — without a Lawyer to advise them of the fine distinctions of the law, in such questions as degrees of culpability, — you have no need to ask.

Under the Registration Act of 1874, the Jury are to find the particulars required to be registered concerning the death, — that is, the day and the place of death, the name, the sex, age, and rank or profession, of the deceased, and the cause of death. Under the Coroners Act of 1887, the statements in the Inquisition 'may be made in concise and ordinary language.' It is not necessary to put into the Inquisition the barbarous words sometimes used in Medical evidence and certificates, — 'English cut on Greek and Latin.' They are often symptoms of the last stages of life, — the effect, indeed, of disease: the disease, which is the cause of them, — the *causa causans*, — not being named; and the question, — of importance in an enquiry before the Coroner, . . . whether, or not, the death was from 'natural causes'? . . . is put aside: natural causes having no place in the 'nomenclature of diseases.' Disease is readily, and perhaps truly, certified and registered, as a cause of death: but whether the disease is from natural, or other causes, is not often shown in the Certificate. The terms for sickness, — in ordinary language, — are what the friends of a deceased person give to the Registrar, when they bring information of a death, without a Medical certificate: and he enters them, — or many Registrars do, — without question, in the Register as the cause of death, . . . unless something falls from the friends, to make him think the Coroner ought to be informed that application has been made to register the death.

In these 'uncertified' cases, — and even in those which are

'certified,' — it would, in many cases, save trouble and expense, if the Coroner was furnished with particulars, immediately the death is registered. 'A person may now be buried,' — wrote Mr. Herford in 1877, — 'without any Certificate whatever; — the Clergyman being merely bound to give notice of such burial: and then the scandal of disinterment, in case of violence, or suspicion of it, has to be resorted to.'

If the testimony of casual 'Informants' is sufficient for Registration, it is sufficient for the Jury, who have the duty, under the Coroner's direction, of finding the cause of death, from the testimony before them: and the words, — 'in all matters to which they apply,' — so used, are, under the Act of 1887, 'sufficient in law,' — though, perhaps, not enough to fill the blanks in the printed form used for the Medical Certificates.

Few people but Lawyers make a distinction between information and knowlege, — the knowlege which they have by personal observation, and the information given by others. The 'knowlege' required by the Registration Acts, must be from the personal knowlege and observation of the Practitioner himself, — not from hearsay. It would be well if the body of the deceased was, in all cases, seen after death by the Practitioner; and, — if it could be so, — before being moved from the bed on which he lay at the time of death.

If the Coroner and Jury are satisfied that the death was from natural causes, without the act of man contributing, it is enough to record that. 'In violent deaths,' Mr. Herford remarks, 'the question is seldom the *cause of death*, which is obvious; but only whether any one is at all to blame in connexion with it.' The same may be said of other deaths, — sudden, or not, — where the cause of death is not so obvious.

The Registration Act of 1874, — under which Certificates were for the first time required from Medical Practitioners, — came into operation shortly before I was appointed Coroner. The object, as it seemed to me, was that the best proof that could be readily had of the particulars required, should be produced to the Registrar; and that equally good evidence

should be brought to the Coroner's Court, in case of an Inquest. The Nurse, or other person present at the death, was the best witness to prove the day of the death: the Medical Practitioner, who prescribed the treatment, was the Witness to give an opinion of the nature of the last illness, and the cause of death. No other testimony would be admitted as evidence against a Prisoner on trial for manslaughter. Being afterwards in communication with persons connected with the Register Office, I found it was thought that, if the particulars were anyhow proved to the satisfaction of the Jury, other testimony need not, as a general rule, be sought. Under such a system of Registration, the true and full description of the cause of death may, no doubt, be now and then recorded. But it does not seem to me perfectly consistent with what was contemplated by the Legislature in the elaborate system established.

Where a Medical Practitioner has been in attendance on the deceased, I call him as a Witness. If he is not present, to give evidence, the cause of his absence ought to be explained to the Jury: the absence of the Practitioner, without explanation, suggests that more might be known, if his evidence was taken. The necessary attendance of a Medical Practitioner at an Inquest requires, on his part, so great a sacrifice of time, that he ought to be excused, whenever it can be, from the discharge of a duty so burdensome. [M. M. C. II. 18.] The first to be in attendance, . . that he may identify the body; and the last to be discharged, . . giving his evidence after he has heard the other witnesses: the duty presses more heavily on him than on others.

Part of the bridge over a stream fell, when some children were upon it; and several of them fell into the water, which was deep, and running rapidly. All escaped, except one, — a girl about 12 years of age; she was carried under the flood, and not seen again. Three years afterwards, some bones of the trunk, with one of the legs and part of the other, were found in still water, not far from where the Child was last seen. From their appearance, I was satisfied, as a Surgeon, that they were part of the body of a female Child about the age of the Child who was missing. I desired a Medical

Practitioner to examine the parts fully, for the purpose of giving evidence. He was present at the opening of the Inquest; and he heard the evidence of all the witnesses, — giving his own evidence the last of all, with his opinion, that the remains examined were parts of the body of a female Child, about 11 or 12 years of age, and that it was highly probable that they had been under water the whole time. After the Inquest, he told me that he had some doubt about the identity: but, being present throughout the whole enquiry, and hearing the evidence of the witnesses, he was satisfied; and he gave his opinion, with confidence, that the remains found were part of the body of the Child who had fallen from the bridge.

Now and then, a Practitioner says he is not able to give an opinion of the cause of death, without opening the body. I have asked, — Whether he would be able to do so, after the body has been opened? A Practitioner ought to be able to give an opinion of the cause of death, — 'to the best of his knowlege and belief,' — in evidence, as well as in a certificate under the Registration Act. He would not undertake the treatment of a Patient, without forming an opinion of his case. . . . 'Don't you know what he died of!' a woman said to a young friend of mine, when he asked permission to open the body. 'Then what business had you to attend him?' she added. I do not give an order for opening the body before the Inquest, unless I have cause to suspect the death to have been from an unnatural cause with the hand of man contributing. Even *post-mortem* examination does not always give sufficient information to determine the cause of death, — is the remark of competent pathologists. 'The determination of the cause of death is frequently insoluble in practice,' was said by the late Dr. W. Farr.

If from evidence at the Inquest, it appears necessary that a *post-mortem* examination should be made, an adjournment is unavoidable, with the corresponding expense and inconvenience. It is seldom that the examination can be made during the sitting of the Jury. If the examination is not desired by the Jury, — but for questions

about Insurance, or for satisfaction of the Police, — the usual authority from the Coroner for the burial can be withheld, till these, or other, questions, not within the cognizance of the Coroner's Court, are settled. When there is cause to suspect violence, — whether, or not, a Medical Practitioner has seen the deceased during life, — I require that the body shall be opened, . . . that evidence may be forthcoming, that the death was caused by the violence supposed, and not from other causes, or from disease. Some Judges at the Assizes have refused to allow a Prisoner to be convicted of Murder, or Manslaughter, without such evidence being produced at the trial: and in the absence of such evidence, the Prisoner has been discharged.

When the deceased has been seen by a Medical Practitioner once only, or only in his last moments, I seldom call the Practitioner as a Witness. It does not seem right to ask a Professional man for an opinion, when he has not had a sufficient opportunity of forming it: nor can the opinion, so formed, be satisfactory as evidence in the enquiry. 'I have not much faith in a Certificate given by a person who has not seen the deceased before death,' was said by the late Registrar General, Major Graham.

In cases of Death from violence, where the deceased is not sensible, or does not live long enough to be able to describe it, a sufficient description of the injury and its effects, — if not apparent at the view, — can generally be had from those who saw him first, or soon after death. If the evidence shows that the violence was accidental, and that nobody was to blame, I leave the case to the Jury: medical evidence is not wanted, in addition.

Questions arise in the case of the bodies of young children, found dead, — sometimes in a state of decomposition. In these I require that the body shall be viewed by a Medical Practitioner; and if there is any appearance of violence, he proceeds to open the body, and make such an examination as he finds necessary. The examination may also be necessary to show whether, or not, the child was born alive.

Other questions arise where a young Child, in bed with Parents, is found dead by their side, when they wake in the night, or early morning. The death may be from convulsions, from sudden and natural causes. Death is not uncommon in young children from sudden disturbance of the breathing. It may be from the want of fresh air, under the poisonous gases, of Carbonic acid, breathed out by the Parents, and gathering about the mouth and nose of the Child, — not strong enough to rouse itself, when the poison begins to take effect. Death from such a cause can seldom be satisfactorily proved by *post-mortem* examination, however minute and carefully made. In the cases before me, I have not been satisfied, as a Surgeon, that the Child so found dead was smothered by the bed-clothes, or 'overlaid,' (as the phrase is,) by a Parent. Such modes of death are said to be common.

A case has since come before me, in which I think it likely that the Child was smothered by the bed-clothes. The Mother, — an unmarried woman, who had lost two young children before this, — was not sober when she went to bed: and she was alone in the room all night, with the child. The child was three weeks old.

One Sunday afternoon, in the summer, a married woman, — not, I think, perfectly sober, — lay down on the bed, and placed her infant child, two months old, on her arm. When she awoke 4 hours afterwards, she found the Child dead, with its face to her bosom.

Where poison has been taken, — accidentally or intentionally, — and where the poison was the cause of death, I do not think it necessary to find the nature and chemical composition: and I do not require the body to be opened, and an analysis made of the contents of the stomach and intestines, — unless there is cause to suspect that the poison was administered by the act of other persons.

A man, over 70 years of age, a hard drinker, living alone, was seen going home late one night, and was found dead in bed next day. A drinking glass, with some watery fluid, was on the table at his side. Upon examination, this was found to be a strong solution of Prussiate of Potash, — the Cyanide

of Potassium of Chemists. The man was a Photographer: he used it in his business: and he had several bottles of it in his house. The questions at the Inquest were, — When he died; overnight, or next day? from natural causes? from violence? from drink? from poison? A light had been seen through the window in the bed-room by a neighbor, early in the morning: the doors and windows were all fast on the inside: he was not drunk, when last seen: he was not known to have any constitutional disease likely to end suddenly. The Jury wished the body to be opened. The Medical Practitioner, who examined the contents of the drinking glass, found the same poison in the stomach, in a quantity more than enough to destroy life. There was not any appearance of death from constitutional disease.

Cases of sudden death, or death unexpected, and the cause not known, — where a Medical Practitioner has not been in attendance in the last illness, — where symptoms of illness have not been observed, or have been neglected, sometimes concealed, though known, — where the deceased was not thought to be the subject of disease likely to end suddenly, — where he died without a friend, or other person, present in his last moments, — where he died in the street, or in a place of public resort, — where he was found dead, or insensible when first seen, — come under the notice of the Coroner, and under the Coroners Act require an Inquest. Such cases in grown persons are more frequently seen in diseases of the heart, the lungs, or the brain, — less frequently in diseases of the kidnies: in advanced life, as in early childhood, from general weakness, (asthenia,) — failure of the powers of life under trifling causes. Life suddenly stops, under overexertion, or unaccustomed exercise, under a fit of excitement, of anger, of fear, under an attack of bodily pain, under exhaustion for want of accustomed food, under the increased cold between midnight and sun-rise. The Patient faints, . . without constitutional power to rally, as the attack, or the urgency of the occasion, passes off. In these cases, where the death is sudden, — except perhaps in diseases of the kidnies, — some history of symptoms can generally be given by

friends and neighbors, — not persons always ready to acknowlege what is constitutional as a cause of disease and death; and these, though slight, may help the Jury to form an opinion of the cause of death. In disease of the kidnies, — often obscure in the symptoms, — it will generally be found on enquiry that the Patient has been sometime under the care of a Medical Practitioner; and that he, or his friends, have had warning of what may be the result of his symptoms.

These are some of the causes of death, given in evidence before me by credible witnesses, — friends and neighbors of the deceased, — and found by the Jury to be from natural causes, — some of them, cases of sudden attack, or sudden death: — Disease of the heart, the lungs, the stomach, the kidnies, the brain; bronchitis, whooping cough, measles, spitting of blood, vomiting of blood, asthma, difficulty of breathing, cold and cough, consumption; inflammation of the lungs, the chest, the head; fit of apoplexy, epilepsy, teething, convulsions, paralysis, giddiness, fainting; dropsy, swelling of the legs; diarrhea; vomiting; constitutional weakness; old age; obstruction of the bowels; exhaustion from pain in the chest, in the bowels, from continued, or excessive, drinking, from loss of blood from veins, from old ulcer, after over-exertion, after child-birth, after exposure to excessive cold, — to excessive heat. All, I think you will agree with me, 'sufficient' terms for the cause of death, — and intelligible.

Excluding cases of death from violence and from accidental causes, and those from debauchery, and attributed directly or indirectly to excess in drink, there are some cases of death, — sudden and unexpected, — where the Jury have to find the cause of death, — or to name, (if they can,) the disease, or morbid state, without the help of scientific evidence. Most of them are from disease of some kind, — acute or chronic, — in the chest, . . the heart or lungs. Some few are from disease in the head, — the brain, or the blood-vessels supplying the brain and its coverings.

In disease of the heart, death is immediate: the organ ceases to act, and life is at once at an end, — by 'syncope,'

in medical language, . . 'all of a heap,' in English. In 'fainting,' as often seen, in young persons, as well as in older, the action of the heart is at rest for a time; and it returns, — in a person otherwise in health. The 'lipothymia,' 'deliquium,' or 'collapse,' is not fatal: the Patient 'comes round.' These causes in the heart are not always preceded by the warning, — the shortness of breath, the spitting of blood, the loss of flesh, the disinclination to exertion, which are popularly known as symptoms of disorder in the lungs, — symptoms which seldom escape the observation of neighbors. The Patient dies rapidly, if not suddenly, from want of breath, — the 'asphyxia' of nosology, — want of *pulse*, in English. The circulation of the blood does not go on through the disordered lungs: the action of the heart in pumping the blood is impeded; the heart ceases to beat, and the pulse stops.

A person, advanced perhaps in years, of failing power in body, is found dead in bed, after a heavy supper taken over-night. The stomach is distended, — loaded with a meal which it can neither vomit, nor digest; the action of the heart and lungs is impeded by the pressure from below, made by the unusual swelling of the stomach. The Patient dies from want of breath, . . he has been suffocated, — as much as if his breathing had been stopped by a cloth over his mouth and nose. It is a case of 'asphyxia.'

A man, under my care, was about to take the vapor of chloroform for relief of a Rupture, when vomiting set in, — a thing of frequent occurrence in a Patient with rupture. Part of what was cast by the stomach was drawn into the wind-pipe; and he died at once, in my presence.

A man received a fracture of the leg, during a scuffle in a Public House. Every thing connected with the injury was in progress toward recovery. One day, when taking his dinner, he began coughing rather freely; and a piece of his plateful 'went the wrong way,' and was drawn into the wind-pipe. He died at once, choked by the sudden obstruction to his breathing. The Surgeon gave evidence that the cause of death was not any way dependent on the injury received.

Disease of the kidnies advances, slowly or rapidly, without much observation of strangers; not so often, without the opinion of a Medical Practitioner being sought by the Patient. The Chamber-maid at an Inn, went to bed one night, in good health as supposed; and was found dead in the morning. The Practitioner, who had attended her, reported to the Coroner that she was suffering under disease of the kidnies in an advanced state, and that suddenness of death was a common end of such a case. There was a rumor of some scuffle in the Coffee-room the evening before; and the Coroner required that the body should be examined. I assisted the Medical Practitioner at the examination. There was no appearance of violence: the kidnies were, as supposed, in an advanced state of disease, sufficient to prove the cause of sudden death.

It happens sometimes that a Patient while taking chloroform for the purpose of undergoing a Surgical examination, or a Surgical operation, dies suddenly, or dies during the operation, or before recovering from the effects. When such a case becomes publicly known, and is brought to the knowlege of the Coroner, it is, I believe, generally expected that an Inquest should be held. Soon after I was appointed Coroner, I was present in the Hospital here during a Surgical operation, performed, — as usually the case, — while the Patient was under the influence of chloroform. When the operation was over, I left the House, — before the Surgeon and his Assistants had completed the dressing of the wound. Soon after I got home, the House-Surgeon came, and informed me that the Patient died before being removed to bed. It was a case where a Patient died during medical treatment by qualified Practitioners, under their personal direction, and in their presence: there was no concealment, no mystery made, no suspicion raised. Though the question was proper, to be submitted to me as Coroner, I did not think it necessary to summon a Jury for enquiry. The Chairman of the Committee afterwards at a Public Meeting at the Hospital, gave his opinion publicly, that an Inquest was refused, 'at the sacrifice of the rights of the Patient and his friends, the public, and the Institution.'

Cases of death after Vaccination are sometimes brought to the notice of the Coroner, — almost the only cases, where the performance of a Surgical operation becomes the subject of his enquiry. It is the only instance of a Surgical operation undertaken by authority of the Legislature. Most Coroners would be satisfied with a report from the Surgeon. But, while there is so strong a feeling among the poor and ignorant against vaccination, and against the operation, it may be well to let the cases come before a Jury, in a public enquiry. The presence of the Surgeon, who performed the operation, will, of course, be required. [M. M. C. II. 2.]

There are cases of death from Poison, sometimes running a short course, popularly known as *Delirium tremens*, or under a slower, but equally fatal, form, — 'certified,' and 'registered' as Alcoholism, — a barbarous word, Arabic made Greek, and concealing the fact of the deceased having been poisoned by Brandy. The poison is taken voluntarily; the death is by Suicide. The Registration, and the Certificate, — as in other cases of 'un-natural death,' — are unjustifiable in law: the same may be said of the Burial, — without the knowlege of the Coroner.

Cases of doubt may arise, and questions, requiring Medical evidence. A young man, a hard drinker, drunk every day for a week, and threatening to kill his Wife, was sent to Prison, for want of sureties. Two days afterwards, the Governor, — a man who had seen much of such cases, — thought the Prisoner was suffering from Delirium tremens; and he called the attention of the Medical Officer to the case. He recognized the symptoms of Delirium tremens, though not severe in character. In two days more the man died suddenly, — not an unexpected end in Delirium tremens. At the Inquest, the Medical Officer gave this evidence, with his opinion that the man's death was from disease of the heart, caused by intemperance. After the Inquest, I was informed that the man had fallen from a horse; that he had bleeding from the ear, and was insensible, after the fall, for two hours. He sold the horse; and got drunk with the money he received. This was not known to the Police, nor to the Officers of the Prison. No opportunity was offered at the

Inquest of asking whether the fall, and the injury to the head, had led in any way to the death.

Though Medical Practitioners may be excused from attending the Coroner's Court, they are not exempt from the duty, — common to all the Queen's subjects, — of giving the Coroner information of facts within their knowlege. A Medical Practitioner received early one morning a message from a Lady, begging his attendance at once; the Maid-servant had died suddenly. The Girl had risen in the morning, as usual: she had been heard at the pump; and soon afterwards, she had fallen dead, after some kind of scream. At the pump was a mug, having some undissolved powder in it, and a paper with some of what seemed to be the same. He told the Lady that the Coroner ought to be informed; and he left it to her to do so. An Inquest was held the same day; and the Assistant of an other Practitioner, who did not see the deceased during life, but who happened to be then in the neighborhood, was called as a Witness. He gave his opinion that the sudden death was from disease of the heart; and the Jury, in the absence of other evidence, found that as the cause. A different Verdict might have been found, if the first Practitioner had himself told the Coroner what had been seen immediately after the death. The Court was scarcely dissolved, and the Jury discharged, when the Father and Mother of the Girl came in haste, having had a letter that morning from their daughter that she was going to poison herself.

In taking evidence, I avoid, if I can, calling two witnesses, — especially scientific witnesses, — to prove the same fact. A man in large business, with much trouble in domestic affairs, locked himself into one of the rooms of his house, and was heard groaning, as if in pain. His servants sent to a friend of his, who came at once, with a neighboring Medical Practitioner. They broke open the door, and found him dead. In the bed-room he had just left, they found a glass with fluid, which seemed to them, beyond doubt, to be a solution of Strychnia. The Gentleman's Solicitor offered to bring the Practitioner, who had attended him, to prove the weakened state of his mind. I told him

there was evidence to satisfy the Jury of the unsoundness of mind; and that if an other Practitioner was called, he might, perhaps, be asked whether the fluid in the glass before the Jury was Strychnia; and he might say,—what, as a Professional man, he would be entitled to say,—that it seemed to him to be so; but that, before giving a professional opinion, he should like to have the opportunity of a further examination of the fluid. Such an answer would throw a doubt around the evidence of the other witness.

January 1893.

[M. M. C. 354. 379. II. 28.]

A man was charged before the Sitting Magistrate at Bow Street, with wounding with intent to kill. The wounded man was in a Hospital for several days; and he underwent some surgical operation there, before his death. The Magistrate expressed his surprize, that a Magistrate had not been sent for, to take the wounded man's deposition. (*Daily News*, 29 Nov. 1887.)

[M. M. C. II. 29. 32.]

The law, according to the well-known legal maxim, is a thing *quod quisque scire tenetur*. It is alarming to find an eminent Queen's Council, who has held high legal office, . . a Privy Councillor, and formerly Attorney General, . . casting a doubt on Her Majesty's Judges' knowlege of the law. 'The Judges,' said Sir H. J., during the discussion on the Home Rule Bill, 'know the common law;—more or less,' he added after a pause, amidst the laughter of an irreverent House of Commons. (*Law Journal*, 24 June, 1893.)

THE RADCLIFFE INFIRMARY.

[M. M. C. II. 50-58.]

To the Secretary.—Thanks for the Report;—by whom made, and to whom, is not stated. The number of Patients

dying, in proportion to those received for treatment, — though less than in 1887, — is still large. The Report shows the continued receit of a large amount of money, — larger than is laid out on the yearly wants of the House. Like former Reports, it keeps out of sight the amount of cash in the hands of the Treasurer. The Lancashire fund is not named this year, — or in 1887, — among the Trusts, in the Statement of invested Capital. A debt of £202 is mentioned, — without showing to whom it is due, or for what; and no reason is given for its not having been paid from the Cash at Bankers, — £1,901 in 1887, and £716 in 1888.

15 *April*, 1889.

To the Same. — Thanks for the Report, — for 1889. It must be satisfactory to the friends of the Institution to find that, — as in almost every year for the last 40 years, — the amount received in the year is larger than what is spent in the period. The accounts are printed in so many tables, in small type, and so complicated, that it is not easy to make out what is the case. Assuming the figures in the tables to be rightly given, it seems that £8,441 was received, while the payments were £7,115, — not taking note of a sum of £108, mentioned in a table not very clearly stated. The cash in the Treasurer's hands is not stated; though £825 is said to be at the Bankers. The funded capital, which has been steadily increasing for the last 40 years, now stands at £62,000.

The Report speaks of many improvements as being still wanted. Let me beg attention to the Dead-house. When first planned, it was not meant for permanent use: and it is not fit for the large number of bodies which are placed there. The Porter's lodge is close to it. I have heard that two Porters died within a short time of each other, under what is known as 'blood-poisoning.' Neither case was reported to me as Coroner; — though both ought to have been so reported.

28 *April*, 1890.

To the Same. — Thanks for the copy of the Report, — presented by the Committee to the Governors. It tells no more than other Reports, of the *sufficit*. — The Subscribers to a Public Institution, expect a statement each year from those who take the management, showing in plain figures all that has been received, and all that has been spent. From the figures in the tables, — as well as I understand them, — it seems that a sum of £7,181 was received, and £7,325 spent: and that £712 remains as 'Cash at Bankers.' The Frewin money, — the annual interest of which is paid to the Physicians, — is shown in one of the tables. But there is not any mention of the Lichfield money, — of which about £200 is every year divided among the Physicians and Surgeons. In the tabular List of deaths, 31 are said to have been (in plain English) from want of breath, or want of blood.

24 *March*, 1891.

To the same. — Thanks for the Report. The accounts are printed in the same confused mass of small figures of former years: and the *sufficit*, is not shown. The Frewin money, divided between the two Physicians, appears: but not the larger sum of Lichfield money, divided among all the Medical Officers. It is satisfactory that £8,261 was received, and only £7,530 spent. The funded Capital is £62,400; and the cash at the Bankers, £1,391. In giving the number of Patients during the year, it would be well to show how many were treated by the Physicians and Surgeons themselves; and how many by other persons, — the House-Surgeons, Pupils, and Nurses. The causes of death are not given with more exactness than in the last year or two; — 37 were from want of breath, 2 from mishap only.

31 *March*, 1892.

To the same. — Thanks for the Report (of 1892). From the figures in the tables, it seems that the Receits were £8,976, and the Expenditure £7,589, with a good *sufficit*, £2,069, 'Cash at Bankers.' The Charitable Services will

not fail for want of funds under such receits. The large number of deaths is a melancholy fact. The cause of the deaths might be given in terms intelligible to English Subscribers. No explanation is given how it was that the 'debt of £260, brought over from last year,' (1891) was not paid out of the 'Cash at Bankers,' (£1,391) at the end of that year. The Lancashire Fund will soon disappear: for the Town Council of the City take charge of the cases of Fever, for which the Fund was given to the Infirmary. No notice appears in the Report of the Lichfield trust.

3 *April*, 1893.

[M. M. C. 256.]

To Sir H. A.—The only paper I have concerning the Infirmary is a printed copy of the case for Counsel in 1870. These notes I give from memory.

In 1863 public attention was called to the want of accommodation for cases of Fever. The Mayor (Alderman T.) took an active part. Meetings were held, and a large sum of money was collected. This was paid to the Infirmary under the general belief that wards would be built for cases of Fever; and that the Patients would be admitted without letters of recommendation. No written agreement was made, and no conditions were put into writing. The University gave £500, and the Radcliffe Trustees gave £500. Whether any conditions were attached to either of these gifts, I do not remember. In 1870 the Lancashire Fund (about £1,200,) was paid to the Infirmary under written conditions, — that so many beds, (6, I think,) should be kept free for cases of Fever, — and the Patients to be admitted without letters of recommendation. The annual interest of this sum, if funded, would have given the right to recommend 26 In-Patients a-year. In March 1870 the Governors resolved to erect a building for Patients able to pay. Objections being made, the opinion of Counsel was taken; and an opinion was given against the proposed scheme. In 1876 the Governors refused to admit Patients with Fever, unless payment was made for them. Ladies

and Gentlemen, their children, and others, well able to pay, are now regularly admitted. Admission is refused to those who are poor and objects of charity.

The Rules against the admission of cases of Small-pox were rescinded in 1848, and renewed in 1855. The Local Board have taken charge of such cases since 1871: and a Hospital has been built for them in the A. Road. But the present buildings have not accommodation for other cases, to be under treatment at the same time with cases of Small-pox.

If anything is done with the drains, do not forget the dead-house. There is something wrong with the place, or the drains from it. When those rooms were built, it was said they were put there, till a more convenient place was found.

24 *February*, 1888.

To the Same. — To continue the subject of our conversation, — the defects in the Infirmary, and how to supply them.

The question of rebuilding may be dismissed at once. The ground on which the building stands is too limited to allow of putting upon it a Hospital, with the necessary outbuildings, large enough for the wants of the district. Besides, as I understand, a large piece of the ground was given for 'purposes of recreation,' and on condition that there should be no building upon it. If the land on which S. Hall stands, with the shops in the W. Road, had been bought when I suggested it 30 years ago, the Infirmary could have been rebuilt, and a second entrance might have been opened in W. Street. The Observatory will not give up a part of their land; and there is not now any way of getting land enough for a larger and more convenient set of buildings.

The older part of the House is not badly planned for the purposes of a Hospital with a small number of beds. It was, however, built before the general introduction of water-closets; it was built without baths, sculleries, and washing rooms, and without much thought of what was wanted for Nurses. Some years ago, a plan was proposed for raising the roof, and bringing forward the windows in the Attics in line with the other windows. This would have been an improvement to the

wards; and it would have made the appearance of the front more pleasing to the eye. But in the opinion of the Architect, the walls would not bear the greater weight.

The ventilation, though not perfect, is not bad. Now and then there may be a want of fresh air in some ward, or in some parts: but I do not think that the general ventilation can be called bad. It would be an improvement if the north staircase was carried up to the attic, — as on the south side: this was proposed 30 years ago. A wooden hand-rail ought to be put on the top iron rail of both staircases, — for the comfort and support of old and infirm persons passing up and down: I proposed it 35 years ago. The water-closets throughout the house are bad; not so much from faulty machinery, as from want of space for the purpose. The same may be said of the sculleries. The kitchen, — condemned by Howard, — remains where it was; some changes have since been made in the arrangements there. It would be well if a second or separate kitchen was found, for the use of the Officers resident in the House. There is not any room supplying the place of what is known as the Servants' Hall: this ought to be provided. The sleeping rooms for the Nurses, — whether on duty or not, — are not so good as they might be. The doors of the wards are clumsy and awkward, for a person going in or out; all want altering. The window-sashes should be replaced by others of a lighter kind, and more convenient for opening and shutting. The change would give a more cheerful appearance to the inside. The Dead-house, in the corner of the Porter's yard, is not in any sense fit as a resting place for the bodies after death. When planned, it was to supply a temporary want; it was known that the place was not fit for more. It ought to be cleared away without delay. The roadway into the House is made awkward and dangerous by the obstruction.

The entrance to the Hall is damp and gloomy. Some few panes of glass and a skylight in the roof, would make the appearance cheerful to a sick person and his friends, when coming there for the first time. Of the Long Ward, as well as the rooms for the Medical Officers, it should be

borne in mind that the plan was altered after the work was begun; and that the walls of the ward were put upon foundations which were not meant for them.

These things are all necessary and urgent. They will not take much from the funds. But, with other works, — equally urgent perhaps in the opinion of Governors taking part in the affairs, — they may call for some unexpected outlay; and 'where,' it has been said, 'are the funds to come from?' They are to come, I answer, from where the funds of other Charitable Institutions have come. To this I add, what I told the Governors 40 years ago, — that there is not any instance of a General Hospital failing from want of funds. 'We have spent what we have had; and we have made a good use of it,' — is all that the Governors of a Hospital need say. Funds will surely be provided. There is hardly room now for what is undertaken, the care of children under all forms of illness, and of the younger members of the University; and the care of other persons, — whether 'objects of charity' or not, — under fevers of all kinds. The Founders never contemplated these, when they built a house 'for the sick and infirm, being poor and real objects of charity'; and I say with confidence there is not space within the boundary-walls for the proper accommodation of such patients.

4 *May*, 1891.

[M. M. C. II. 56. 48.]

During debate in the House of Commons, the Secretary to the Local Government Board, said that Charities had been habitually lost to the poor to so great an extent, as to be one of the greatest scandals of our time.—*Daily News*, 7 November, 1893.

[M. M. C. 233. 245. 383.]

To the Rev. C. F. — Though matter for regret, it is not matter for wonder, that your proposal at the Infirmary was not accepted, when only 18 Governors were present, — 15 of

them being Members of the Committee. The constitution of the Committee itself is at fault. But a greater difficulty stands in the way. The truth is, — color it how you will, — the Infirmary is wholly under the influence of Members of the University: neither Governors from the County, nor Governors from the City will interfere. Accepting this as a thing not likely to be altered in our time, much might be done to bring about your wish, — to see more of the Governors taking their proper part.

The Auditors should not be Members of a Committee which orders the expenditure, — having the power, as Auditors, of enquiring into the expenditure. The Medical Officers, — all now receiving payment for their services, — should not be members of the Committee of Management. The proper position of the Medical Officers is that of advisers of the Governors on questions in their own department, — not as their colleagues in matters of administrative business. The Committee Room should not be the *arena* for the jealousies of rival or competing professional men; — a scene from which the friends of a Charitable Institution are too ready to withdraw. Nor should 'Ladies subscribing as Governors' be admitted to act as Members of the Committee. Few male persons will be found to act, heartily and usefully, in the affairs of a Public Institution 'while Ladies interpose.'

Some persons, you say, have suggested extravagance in the expenses as a fault in the Committee. I do not remember to have seen the letters which you mention. For my part, as long as there is not waste, I do not think a large expenditure is matter for censure. The money is freely given; let it be freely spent.

27 *October*, 1890.

To the Editor of the *Oxford Chronicle*.—'How many Members of the University are there on the Committee?' asked a Governor at the late Quarterly Court. 'I don't know,' said the Chairman in reply. By the last Annual Report, it appears that the Committee of Management consists of 27 Governors; and that 16 of the number are

Members of the University. The Finance Committee is composed of 7 Members of the University and one other person.

May 1892.

[M. M. C. 365-374.]

To the Chairman of the Committee of Management.— It has been reported to me that upon the occasion of the last Inquest, one of the Resident Officers expressed himself as not satisfied with the manner in which the arrangements for Inquests were generally made. Referring to the letter of 8 March, 1879 from the Secretary of State to the Chairman, I beg the favor of your informing me whether the arrangements made are approved by the Committee, and if not, what more can be done for the convenience of the Officers of the Institution.

13 *November*, 1883.

To the Same. — The earliest possible notice of the time appointed for an Inquest has in every case been given to the House-Surgeon, or person supposed to be acting for him. In the case in question, the Officers of the House must have known, before I, or the Summoning Officer, heard of the death, that an Inquest would be necessary; and I am informed that the Summoning Officer gave notice to the Porter between 5 and 6 o'clock on Wednesday afternoon,—21 hours before the hour appointed for the Inquest, —that hour being named under the belief that, while it suited other necessary parties, it was not inconvenient to the Officers of the House. It is desirable in all cases that the Summoning Officer should himself communicate with the Officer of the House: but he has been refused permission to do so by a former Porter, — acting, as he said, under direction.

As the Committee express an intention of adhering to the directions advised by the Secretary of State, I take the liberty of pointing out, in compliance with those directions, that earlier notice of a death might in many

cases be given, with fuller particulars than those in the printed ticket sent to me. In the late case, the only description of the deceased was, 'Unknown, about 40,' — leaving it to be inferred that the sex of the Patient was unknown, as well as the name. Such information as this should be furnished; — When the Patient was admitted, — the time of death, and supposed cause: — if brought from a distance, the name and residence of the person who came with the Patient: — the Medical person by whose order the treatment was prescribed, — and which of the House-Surgeons, or Medical person acting as such, was in attendance; with some particulars of the case, which will readily suggest themselves to Medical Officers. I have also to request, — in cases where one of the Resident Officers has notice to attend, — that he may be in attendance at the time appointed, that he may identify the body, when necessary; and that the proceedings may not be delayed, while the Summoning Officer leaves the Court to fetch him.

19 *November*, 1883.

To the Secretary. — Thanks for the opportunity you give me of seeing the Form of Notice. You should add to it, — the injury, or disease, for which the Patient was admitted. I do not wish to be too critical: but I would suggest the omission of the word 'apparent,' added to the 'age;' and 'alleged,' as part of the 'circumstances of death.' 'Apparent' is a positive statement: it does not allow a correction. Yet the age is often given incorrectly by a Patient when admitted. In the case of a Patient dying in a Hospital, with Nurses, Medical Officers, and House-Surgeon in attendance, — to say nothing of Steward, Matron, and House-Visitors, — the 'circumstances of death' are known. The Medical Officers can give the 'supposed cause.' It throws an air of suspicion around the case, when something is 'alleged.'

3 *December*, 1883.

To the House-Surgeon (Mr. R.). — A written order for the examination can only be given to the Practitioner who

treated the case. I say this, however, with some hesitation; because the Coroner for the County claims the power to appoint whom he likes to the duty, and to send him into a Hospital to make the examination. It seems to me that this former power of the Coroner is superseded by the Medical Witness Act, passed 50 years ago. The Chairman avoids the difficulty. He says, — the Coroner's written authority should be had. This would be an answer to any question, if raised by the friends. The duty required of the Coroner is often of a kind far from agreeable among the friends of the deceased person whose case comes before him; and much courtesy and forbearance is wanted.

There have been three cases in the present year of which I have had to complain, — a Certificate sent to the Registrar, without notice to me, of death after a fracture, — two bodies opened without my knowlege; and in one of the two, the fact of the examination being kept back by the witness. It is not desirable that such things should be done in a Hospital; or that questions should be raised in public about them. Fuller particulars ought, I think, — in common courtesy among Professional men acting as Public Officers, — to be given to me, in any case of unusual occurrence, before I come to the House for the Inquest. I am willing to pay a visit, for the purpose of obtaining it, if I know whom I should see for the purpose, and where, (in that large and busy building,) I could find him; and, if it will save the trouble of writing and sending a messenger. The Summoning Officer has been refused permission to enter the House for that purpose. If the whole of what is necessary, to explain the case to the Jury, is known to me beforehand, it will save time to all parties whose duty requires them to attend the Inquest.

25 *October*, 1886.

To the Same. — The Registrar should be a safeguard against the mistake of a Practitioner. In P.'s case, — as in M.'s in February 1886, — he registered the death without question, although the death is stated in the Certificate to be

from a fracture; which is one of the cases specially mentioned, in the printed directions from the Register Office, to be referred to the Coroner before registration. I did not hear of the death till Thursday evening. To-day I hear that the body has been buried. From what I have heard, I am not satisfied that all persons present at the accident are free from blame. I hope to have full particulars to-morrow; when I should decide whether, or not, an Inquest should be held. In Middlesex, the body would be dug up at once. But, I am not willing to do that, unless some measure of public good will be gained by it.

You and all parties may be acquitted of want of courtesy. But it is unfortunate that Members of the Profession, — and indeed others, — are so slow to learn their duty under the law of Registration. The Medical Certificate is given for the purpose of Registration, — and Burial. If given in the case of a violent, or unnatural death, the Practitioner may lay himself open to a charge of helping others to commit an indictable offence, — that of burying the body without enquiry by the Coroner.

9 *April*, 1887.

To the Chairman of the Committee. — A. A. died in the Infirmary on Monday morning at 9 o'clock. The first notice of his death was brought to me on Tuesday afternoon at half-past 3, — 30 hours after the death. At the Inquest I found that the body had been opened, without permission from me. I call the attention of the Committee to these irregularities; and I venture to remind the Committee of the Chairman's letter to me in October 1886, that in such a case the body of a Patient should not again be opened, except on written authority from me.

J. K. died in the Infirmary on Saturday, 22 October, 1887, at half-past 7 in the evening. The first notice of his death was brought to my house on Monday, the 24th, about 12 o'clock, — 40 hours after the death. I was about to take a journey to a distance, to return on Thursday. If reasonable notice had been given of the death, the Inquest could have been held on Monday, before I left

home. As it was, I had to come back to Oxford on Tuesday for the purpose of holding the Inquest. The journey on that day, to and from Oxford, was caused by the neglect of the Officers of the Infirmary; and I am entitled to expect that the House should bear the expense.

In March 1879, the Secretary of State, advised that the Officers of the Infirmary should readily conform to all legal requirements of the Coroner, and should render to him every assistance in the conduct of his Inquests; and in November 1883, the Committee, through their Secretary, expressed to me their intention of adhering to the directions of the Secretary of State.

16 *August*, 1888.

To the Same. — It is the duty of the Governors of the Infirmary to send me notice of the death of a Patient without unnecessary delay. It is also their duty to take care that the body is not opened without orders from me; and to see that all Officers of the House, who have knowlege of the circumstances, are in attendance to give evidence. The case of A. is the only case to which your letter refers. In that case, the names of Mr. S. and Mr. A. were given to me as the medical persons in attendance during life. It appeared at the Inquest, that neither of them was present when the body was opened for examination; and no one who was present at the examination attended to give evidence.

30 *August*, 1888.

To the Same. — W. G. was admitted into the Infirmary, 21st September, and died, as I am informed, the same day, with symptoms of 'Blood-poisoning.' A certificate of the cause of death, expressed partly in Latin and partly in Greek, was sent for registration. There was reasonable ground of suspicion that his death was owing to unnatural causes; and notice of the death ought to have been given to me.

2 *October*, 1888.

To the Secretary, Local Government Board. — Referring to the Coroners Act, 1887, that a Coroner shall in certain cases summon a Jury for enquiry, I beg the favor of your informing me whether any special instructions are issued by the Local Government Board for Medical Officers of Health giving information to the Coroners, in any of such cases coming to their knowlege.

The reason for asking the question now, is that a man was lately admitted into the Radcliffe Infirmary here, dying the same day, with symptoms of 'Blood-poisoning,' from injuries supposed to have been received by him from cattle, or dead meat, in the course of his work as a farmer's, or butcher's porter. I have been informed that one of the Medical Officers of the Infirmary went to the farm, where the man had been at work, to learn whether the cattle there were in health, or not. A medical Certificate, that he died from 'Cellulitis of arm, Septicemia, and Syncope,' was sent from the Infirmary for registration, — the death was registered, — and the body removed, and buried, without my knowlege, and without communication to me from the Registrar of deaths, or the Officer of Health.

21 *November*, 1888.

To the Chairman of the Committee. — On the 15th of April, I called the attention of the Secretary to the want of information in the notice sent to me on the death of a Patient. I beg the attention of the Committee to the notice sent last week. No information is given under the heads of — Age, — Time of death, — or Circumstances of death, — and the only information under the head of, — Injury, — or disease, — is 'Railway Accident.' The name of Mr. S. is given as, — Medical Officer in charge of the case, — though he did not see the Patient when alive. The name of Mr. P. is given as, — Resident Medical Officer in attendance. Mr. P. was not present at the Inquest. He must have known that the case was one in which an Inquest is required, and that the Inquest would be held on Friday afternoon. It can not be doubted that he knew also that it would be at the hour at which

Inquests have been generally held, for several years past. The Officers of the House had been informed that in this case it would be so; and the table and benches had been set out in the Hall, ready for me and the Jury.

2 *September*, 1889.

To the Same. — The form of Notice with the heads of information required, was settled some years ago through Mr. G. W., who was for many years an active member of the Committee. In the case mentioned (G.'s,) the Medical persons who saw the Patient, saw that he was a Boy, between the ages of babyhood and manhood, — that he had a fracture of the skull, with other injuries, — that he was in a dying state, when admitted, — and that he so died, — without being seen by the Medical Officer who would have been in charge of the case, if he had lived. This information is necessary for the purpose of the Coroner's enquiry: and, — I submit respectfully to the Committee, — he is entitled to expect that it will be sent.

The notice given by me of the time for holding an Inquest, has always been found by the Officers of the House to be sufficient; and it was so in this case. The Chairman's letter does not refer to the neglect of the House-Surgeon to attend. The Coroners Act of 1887 has given the Coroner fresh powers for bringing a witness before him. I shall be sorry to find it necessary to make use of them.

In the last case (N.'s,) the notice was sent 20 hours after the death of the Patient.

9 *September*, 1889.

To the Same. — The delay of the Inquest, — while the particulars of the case are being collected and considered, witnesses found, their testimony sifted, and all necessary persons formally summoned by judicial process, — will in many cases be a source of distress and of expense to the friends of the Patients; but under the action of the Committee and their Servants, it will be unavoidable. The

directions given by the Secretary of State point to a different course of action as desirable.

16 *September*, 1889.

To the editor of the *Oxford Chronicle*. — My attention has been called to a letter in the *Chronicle*, published by order of the Committee of Management of the Infirmary, referring to the Inquest lately held there. The persons to ask why an Inquest was held are the friends of the deceased person. No such request has been made to me; and I have no reason to think they are displeased that the case was in my hands. It does not appear that the letter from the Committee is published by the wish of the friends, or on their behalf.

From information given, — which I then believed, and which I still believe, to be true, — it appeared that the young woman in question, after due notice given at the Infirmary, was admitted on Thursday about one o'clock, that she was not sensible when admitted, that she continued insensible to the time of her death on Friday morning, and that she was not seen by any Physician or Surgeon of the Infirmary. After death, her friends were told at the Infirmary that a Medical Certificate could not be given without opening the body. Upon this, they put themselves in communication with my Officer; and it became my duty to summon a Jury for the purpose of enquiry. On taking the Jury to view, I saw that the body had been opened. This, as I have been informed, — and as I believe, — was done without the consent of the friends.

During the proceedings at the Inquest, one of the gentlemen residing in the House, who had been examined as a witness, — after signing the depositions and retiring from the seat in front of the Jury, — asked whether he might put a question to me. I told him he must not; and that if he continued to interrupt the proceedings, he would be put out of the room. Before I left the room, I told him I was ready to hear, if he wished to say anything. He replied, that he did not wish to say anything. What passed in the House with the view of hindering the

Coroner, — by force, if necessary, — from holding the Inquest, the Committee have not made public.

22 *October*, 1889.

To the Chairman of the Committee. — Again I beg attention to the Notice sent to me of the death of a Patient, — A. T. Again I submit to the Committee, that I am entitled to expect that the Officers of the House should give a better description of the nature and extent of the injury, — and of the circumstances of death. I venture to point out for the consideration of the Members of the Committee that, when proper and full information is withheld, it leaves a doubt whether the Patient had that amount of attention, which should enable the Officers to give it ; and it creates a suspicion that there is something to be concealed. In the notice in this case, the Child is stated to have been admitted on the 15th inst. The fact is, the accident happened on the 16th ; and the Child was admitted on the 18th. He died on the 23rd, at ½ past 4, in the afternoon; and notice of the death was not brought to me till after 10 o'clock on the 24th. The Secretary saw my Officer that morning at the Town Hall, before I had the notice ; and he did not tell him of the Patient's death.

30 *June*, 1890.

To the Same. — The absence of the Secretary, — suggested in his letter as the cause of delay, — did not hinder the persons in the House from sending notice of the Child's death, that day to the Parents. The messenger who took the notice might, at the same time, have brought notice to me, or to my Officer. What is wanted in case of a death is shown in the printed form of Notice : the Secretary has the Form, and he can supply it. In T.'s case, 5 words are given as the nature of the injury, and the circumstances of death. No kind of injury is described ; and what is stated, — in 2 of the 5 words, — as being the circumstances of death, took place and had passed off, 2 days before the Child was admitted. The Committee give their opinion

that this was sufficient for the purpose of the Inquest. Let me remind them that the Law of the land has made the Coroner the judge of that.

The question, — What particulars can be given? — to make known the nature and extent of the injury, and the circumstances of the death, to persons who have not seen the Patient, and whose duty it is to make enquiry into the causes which may have brought about the death, would come properly, and in a more direct course, through the Medical Officers. There can be no question of the duty of the Governors, in every case of death, to take care that all particulars wanted by the Coroner are sent to him without delay.

8 *July*, 1890.

To the Same. — The arrangements proposed by the Resolution of the Committee, if acted upon honestly, as the wish of the Governors, will, I think, be found useful. Now and then it may happen that little or no inconvenience arises from delay; but in most cases it will be to the comfort of the friends, and to the convenience of all persons concerned, if the Coroner has notice, — with whatever particulars are known, — as soon as can be after the death.

In the case of A. F. W., who died on Thursday last, I received within two hours a letter from the House-Surgeon, telling me the hour of his death, without other information. When he was admitted, and for what complaint, — which of the Medical Officers had the charge of his case, — how he died and why, — the letter did not tell. I did not, — then or afterwards, — have from the Secretary, or other person, the printed paper with particulars, which has always been sent to me from the Infirmary until lately. I have been informed that, when the House-Surgeon gave his letter to the Porter, he told him not to give me any information about the case.

21 *July*, 1890.

To the Same. — Notice of the death of J. R. A. was brought to me on Wednesday last, — without a statement of the nature of the injury for which he was admitted — or of the circumstances attending his death: nor was the name or residence given, of the persons who brought him to the Infirmary, nor other information by which I could obtain the particulars for registration of the death. The name of Mr. P. was given as 'Resident Medical Officer in attendance:' he did not attend the Inquest. By a letter from the Secretary, I understand it to be the intention of the Committee, that no information shall be given but what their subordinates think fit to give. I beg the favor of your informing the Medical Officers that, in future Inquests, — during the tenure of office by the present House-Surgeon, — it will be my duty to require the attendance of the Physician or Surgeon who had charge of the case, — and also of the Nurse or other person, present at the time of death. I regret much the necessity, under which it becomes my duty to depart from the advice given to the Committee by the Secretary of State, under which I have acted without a single exception, from the time that advice was given until now.

28 *July*, 1890.

To the Rev. M. U. C. — Thanks for your letter, and for the trouble you have taken in writing. Your letter takes no notice of the fact that Mr. P. was in Oxford when the Committee had my letter of July 21 before them. You tell me nothing of any enquiry by the Committee into matters in that letter, — nor in others which I have at different times addressed to them: nor do I gather from your letter that there is any intention on the part of the Committee, to make their Servants give any help in the enquiry which I have to make. No suggestion has been made that there is anything unreasonable in what I ask, or any difficulty in giving it.

31 *July*, 1890.

To the Chairman of the Committee. — Again it is my duty to call attention to a Certificate of the death of a Patient, sent to the Registrar, without notice first sent to me. S. L. H., admitted, November 29, with extensive burns about the limbs, died on the 6th inst. Notice of the case ought to have been sent to me immediately on her death. Instead of sending such notice, a certificate of the death was sent to the Registrar, to be registered, — for the purpose of burial without enquiry. The Registrar very properly refused to register the death without my permission.

Having received satisfactory assurance that Mr. P., late House-Surgeon, was no longer at the Infirmary, I was able to dispense with the personal attendance of the Physician or Surgeon, which, — otherwise, — I should have required at the Inquest.

From the evidence at the Inquest, it appeared that the Child was seen by one of the Surgeons of the Infirmary on Tuesday; and she was not seen afterwards by him, or by any other of the Surgeons or Physicians of the Infirmary, before her death on Saturday.

9 *December*, 1890.

To the Editor of the *Oxford Review*. — In the *Review* is a letter from one of the Physicians of the Infirmary, in which he calls attention to an Inquest lately held there. He was not present; and he does not refer to the circumstances under which it became the duty of the Coroner to act. If he had asked me, I would have told him why the Inquest was held; and I would have pointed out how imperfect the examination made of the body after death was, and how inefficient for the purposes of the Inquest.

How is it, that people are so ready to give opinions about imperfect or unnecessary Inquests, and other excesses, and to set the Coroner right in the discharge of what they think his duties? What would be said of a man who went into a church during the service, and proceeded to tell the Minister how the service ought to be carried on? What of a man who went into a sick-room, and in the hearing of the Patient, lectured upon the proper way of treating his

case? Yet such things are done in connection with the Coroner's work. There is not any public Officer for whose neglect or misbehavior a remedy is more easy to be had. But these persons have not the courage of their opinions; and they do not bring their complaints, — real or imaginary, — to the knowlege of the one person who has the power to enquire into them.

If all Medical Practitioners (especially those connected with Public Institutions), instead of giving certificates, by which the true cause of death is kept out of sight, would put themselves in communication with the Coroner, there would be very few cases of death from natural causes in which a Coroner would think it necessary to hold an Inquest.

19 *February*, 1892.

To the Chairman of the Committee. — On Tuesday last I held an Inquest on the body of H. F. His body had been opened by Officers of the Infirmary before I heard of his death, and of the circumstances which made it necessary to summon a Jury. His wife asked the House-Surgeon for a certificate of his death. He told her that if she would consent to have a *post-mortem* examination, it would avoid an Inquest. This was not a proper remark to be made to a person seeking the benefits of a Charitable Institution. She could not know, — what all Officers of the Infirmary know, — that the question (whether, or not, there shall be an Inquest,) is for the Coroner alone. Upon the suggestion of an Inquest, it was the duty of the Officers to refer at once to me as the Coroner, and to leave the body untouched. Opening the body without my knowlege or consent, has been brought to the knowlege of the Committee on former occasions ; and I have had their assurance that it would not be done again. Under these repeated acts, neither stopped nor censured by the Committee, it may become my duty to remove the bodies of deceased Patients, immediately after death, to where they will be safe from violence.

On the 20th of April last, after an Inquest upon the body of W. G. C., his brother complained to me that, when going

with the Undertaker to the Infirmary to see the body, and to make arrangements for the funeral, they were refused permission to do so. I told him that if I had heard that before the Inquest, I would have ordered the removal of the body to where it would have been in my own keeping, and where the arrangements he wished might have been made.

On Saturday, 9th January, in the present year, a young Child, dangerously ill, H. R. F., taken to the Infirmary on the advice of a Medical Practitioner in the neighborhood, was admitted about 12 o'clock, and placed nominally under the care of one of the Physicians of the Infirmary. The Child died, without relief, about 9 o'clock, without having been seen by him, or by the other Physician. Upon asking for a certificate of the death, the House-Surgeon told the Father that a certificate could not be given without a *post-mortem* examination. The father would not allow that; and the House-Surgeon told him the case must be left to an Inquest. The Inquest was held by me on the 11th.

These several matters are respectfully submitted to the attention of the Committee.

22 *February*, 1892.

To the Same. — Yesterday I held an Inquest on a young Child, T. H. H. He died on Saturday afternoon about ½ past 2 o'clock. The first information I had of his death was from the Porter, whom I met by chance at a ¼ to 12 on Monday, as he was going to my house with the notice, — 45 hours after the death of the Child.

9 *March*, 1892.

To the Same. — A Child (S. W.) died in the Infirmary on Saturday morning about 6 o'clock. The first notice I had of the death was from a paper left at my house at ½ past 9 at night, — the messenger going away at once, saying there was no answer. At the Inquest on Tuesday, it appeared that the Father and Mother were told of the death by telegraph at Wheatley about 10 o'clock, and came to the Infirmary about ½ past 12, — being kept there till after 4 o'clock. The Father then asked for a certificate;

and he was told that there would be an Inquest. He then went home, not knowing what else to do in the case. The poor people would have been saved much trouble, and the Inquest might have been held on Monday, if — during the four hours they were kept waiting, — they had been told to go to me, or to my Officer. The Jury gave their opinion that they ought not to have been kept waiting so long, and to so little purpose.

While I bring these, to the notice of the Committee, I beg that there may not be a smoking of tobacco in the Hall during the sitting of the Coroner's Court.

20 *April*, 1892.

To the Same. — At an Inquest on Thursday upon S. G. W., who died from the effects of a broken leg, it appeared that a certificate of the death had been sent to the Registrar. The only notice to me was that certificate, which the Registrar sent to me, about twenty-two hours after the death. He very properly refused to register it. The Jury expressed their opinion that giving the certificate was a very improper proceeding on the part of the Officers of the House. I told them that a similar thing had been done several times; and that I had brought it to the notice of the Committee. The certificate certifies the death as being from a different cause from what was given in evidence by the attending House-Surgeon. It was given by one of the gentlemen residing in the House; and he, as I am informed, saw the Patient only once, and that about a quarter of an hour before he died.

The House-Surgeon was not present, as he ought to have been, at the sitting of the Court; and he did not attend till the Officer of the Court had been twice to him to call him; and when he came, he did not express any kind of regret at having kept the Court and Jury waiting. The Jury expressed very strongly their disapprobation of this behavior in an Officer of a Public Institution; and they asked whether some arrangement could not be made by me under which the medical evidence could be had, without waiting for a House-Surgeon, as was the case then,

and had been on former occasions. The Jury desired me to bring this to the notice of the Committee.

On 31st May (Tuesday) an Inquest was held on a lad (G. E. M.) whose body was brought to the House on Saturday; he having died as he was being taken there, after a gunshot wound of the head. His clothes were searched at the Infirmary; and a paper with writing on it was taken from his pocket. The contents of this were made known to the newspapers on Saturday or Sunday. It was not brought to my knowlege till at the end of the Inquest on Tuesday, by which time the paper had become so dirty, that it was not easy to read the writing on it. When it was seen at the Infirmary that the lad was dead, his body ought to have been moved to a place of safety, to wait my orders. The examination of the pockets ought to have been left for my Officer. If from any accidental cause, the paper had come into the hands of an Officer of the Infirmary, it ought to have been given to my Officer, without being shown to any one else.

19 *July*, 1892.

To the House-Surgeon (Dr. D.). — To those who do not know what has been the behavior of House-Surgeons, Medical Officers and Governors, during the time I have held the Office of Coroner, it might seem a want of courtesy, if I failed to acknowlege the receit of the letter I have had from you, — a member of the same profession, my junior by many years. What I brought to the notice of the Committee, was that a Certificate of a death after violence had been sent for registration, and that no notice was sent to me. I pointed out that the Certificate had been given without such a knowlege of the Patient as a Practitioner ought to have, when he puts his hand to a document of that importance; and that the cause of death there stated was different from what was afterwards given in evidence at the Inquest. The lengthened education of the day must be at fault; if it does not teach what it is necessary for a Practitioner to know of Inquests and Registration.

22 *July*, 1892.

To the Town Clerk. — In writing to the Chairman of the Committee at the Radcliffe Infirmary on an other subject, I mentioned the case of a Lad (G. E. M.), whose body was taken there on Saturday, 28th May, — he having died on the way there. His pockets were searched at the Infirmary, and a paper with writing, which came into the hands of the Officers of the Infirmary, was not brought to my notice till at the end of the Inquest on Tuesday. The Chairman tells me that what was done at the Infirmary was done at the direction of the Police. I am informed by others that the Police did not see the body, either during life, or after death, that they did not give any directions to the Officers of the Infirmary, or to other persons, and that they did not see the paper in question, till it was brought to me at the Inquest by one of the House-Surgeons.

I beg the favor of your submitting this to the Watch Committee.

25 *July*, 1892.

To the Chairman of the Committee. — The suggestion in your letter, — that, instead of keeping the Jury waiting for the House-Surgeons, I should summon the Medical Officers by legal process, — may be good.

I have referred to the City Watch Committee the statement in your letter that what was done at the Infirmary in M.'s case was done at the direction of the Police. I am informed that they did not give directions to persons at the Infirmary, or to others ; and that they did not see the paper in question till it was brought to me at the Inquest by one of the House-Surgeons.

2 *August*, 1892.

To the Editor of the *Oxford Chronicle*. — In the *Chronicle* is a letter from the Vice-Chairman of the Committee of Management of the Infirmary, referring to an Inquest lately held there. If he had asked me, why the House-Surgeon was not called to give evidence, I would have told him. He says the House-Surgeon had not any notice of the

Inquest. The fact is, the House-Surgeon knew perfectly well the time at which the Inquest would be held; and he ordered the Nurse and the Porter away from their known places of attendance, on purpose, as I believe, — and, as I distinctly suggest, — that they might not be ready when wanted for the Inquest.

Instead of trying to raise a cloud, to keep from public view the hindrances which are steadily and intentionally put in the way of the Coroner's duties, the Vice-Chairman of the Committee would do a laudable service to that useful and wealthy Establishment, if he would give attention to keeping in order the Officers and Servants, who are now, — all of them alike — in the pay of the Governors. 'The Committee can't keep order; and the Governors won't support them,' — is a remark I have heard: and nobody knows it better than Mr. F. Whether or not, 'disparaging,' or 'defaming,' — as he calls it, — he can not point to any step I have taken, any word I have uttered, or any line I have written, since I first entered the Infirmary forty-three years ago, which I am not ready to justify when properly called upon.

Sept. 1892.

To the Secretary. — In acknowleging your letter, with Resolutions of the Committee, speaking of a proper room for the Coroner's Courts, and the notice when Inquests are held, — I can not say that any one of the three rooms which have been used, seems to me in all respects a convenient place: but, with a knowlege of the great and continuous work of the House, and the small number of rooms in the building, I am not able to suggest an other. If the use of these rooms for the Coroner's Courts is found to clash with the purposes for which space is wanted for the House, I can remove the body upon information of a death, and hold the Inquest in one of the places provided by the City.

In every case hitherto, the notice given by me of the hour at which an Inquest would be held, has been found by the Officers of the House to be sufficient. This was

brought to the knowlege of the Committee by letters from me on 13th and 19th November 1883, and 9 September 1889. The Committee may be assured that sufficient notice shall be given, as heretofore.

13 *September*, 1892.

To the Chairman of the Committee. — On Thursday last I held an Inquest on the body of T. R., who died in the Infirmary on Monday morning. The notice sent from the Infirmary is dated the 7th (Tuesday), the day after his death; and it was brought to me that day, 22 hours after the death. If the notice had been brought in proper time, the Inquest might have been held on Tuesday. The day of admission is stated in the notice to have been the 3rd (Friday). The witnesses at the Inquest said he was taken to the Infirmary on the 2nd (Thursday). The Nurse said it was by a mistake of hers, that the wrong day was named. I submit that it is the duty of the Officers of the House to see that the notice sent to me is correct in matters within their own knowlege. No 'Injury or disease' is mentioned in the notice; and the 'circumstances of death' are given as 'fractured ribs,' leaving it open to question whether that injury was not received after the man was admitted.

I am informed that permission was refused to my Officer to enter the House to see the Nurse for the purpose of obtaining the information which it is necessary I should have, that I may form an opinion what witnesses will be wanted at the Inquest.

13 *February*, 1893.

To the Same. — In acknowlegement of the Resolution of the Committee (of the 15th inst.), — while it is opposed to the recommendations of the Secretary of State, it is without the approval of the Lord Chancellor; and, without that approval, the Committee must be aware that it has no weight with 'an Officer, having a jurisdiction, which' — as a former Chairman of the Committee, at a public meeting at the Infirmary, declared publicly, — 'derives its power

from a source entirely independent of the Governors, and superior to them.'

In acknowlegement of the other letter, — informing me that the Committee have been advised by Counsel that it is illegal for a Coroner to move a body from where it is lying, — I shall be greatly obliged, — for my own information and that of Coroners generally, — if you will be good enough to let me see the opinion, or advice, and the statement or case, on which it was given.

17 *February*, 1893.

To the Same. — In acknowlegement of the letter refusing the information I asked, — the law under which Coroners have to act is so little understood, that it might be of use to make known the opinion given by Counsel. Twelve months ago, it was stated in one of the newspapers that it was illegal for the Coroner to move the body of a Child from one room to an other in the same house: six months ago, one of the Medical Officers of the Infirmary stated positively that a Coroner could not dig up a body, without leave from the Secretary of State. Let me suggest that the Committee should submit to Counsel Lord Cross's recommendations as Secretary of State, and Lord Chancellor Selborne's statement of the law, — with, what I have called, hindrances or obstructions. Good and useful advice might be obtained, and the Officers of the House be induced to act in harmony with an Officer of the Crown.

28 *February*, 1893.

To the Editor of the *Oxford Journal*. — If the Governors of the Infirmary, who are more than 600 in number, care for what is creditable to the Institution, if they wish for good order in the establishment, why don't they have it? They have the power to make peace, and to keep it. The power is in their hands: nobody can resist them. If, only, the Committee would 'put their foot down,' and insist on peace and good order within the walls, their action would be accepted, and the work of the House, — as well as the

attendance in the Coroner's Courts, — would become an agreeable duty to all, — and to none more so than to me; all of us looking equally to the welfare and the reputation of an Institution, which all of us can see is suffering from want of proper superintendance.

June 1893.

The substance of the Statement presented to the Lord Chancellor by the Committee, is a Petition that the Lord Chancellor will declare it illegal for the Coroner of the City to move a body lying at the Infirmary; — and that his Lordship will intervene, to hinder the Coroner from ordering removal in future. I do not know any privilege, under which bodies lying at the Infirmary are exempt from the jurisdiction of the Coroner of the City. No injury is suggested, and no complaint by friends. I believe the friends are pleased that the bodies should be in my keeping.

Moving a body from one place to an other within the jurisdiction, has been the practice of Coroners from time immemorial: I am not aware of any Judicial decision, or expression of opinion, against it. The Coroner's power was disputed in a case at Canterbury in 1891, reported to the late Lord Chancellor. The Lord Chancellor, after enquiry made, expressed no disapprobation; and the Coroner continues the practice of moving bodies to the Mortuary, for Inquest. The practice of centuries has been accepted by Coroners: it is essential for the orderly performance of their duties.

The Coroners Act (1887) gives, — what was wanted, — a Statutory power for recovery of the full expenses of making a *post-mortem* examination, and moving the body to and from the proper place, where such is provided. It does not interfere with the power which the Coroner has at Common Law of moving a body lying within his jurisdiction, to an other place at his discretion.

In early times, the Coroners were the Coroners for the Counties. There were few boroughs in which they were

excluded, — as now by the Municipal Corporation Act of 1835. In the boroughs, — then, as now, — it is submitted that it was a sufficient compliance with the directions of the Statutes, that the Coroner should sit in some convenient place, at his discretion, so that it be within the jurisdiction. I do not know any opinion of authority against it. It must have been a rare case, and in distant times, that an Inquest was held with the body in Court, or in the open air, upon a body lying there openly, and from the time of death or finding. I do not know any authority in history for the statement that an Inquest was so held. Writers had little practical knowlege of the *Lex Coronatoria*, and had not been present at Inquests. They do not refer to the custom and practice of Coroners. The meaning of the early Statutes was that the Coroner should go, as soon as he conveniently could, to where the body was lying, — being within his jurisdiction ; and, after hearing the particulars of the case, he should give directions for summoning jurors, and collecting witnesses. There was no law to forbid his moving the body to a place more convenient for the Inquest, — nor, to require him to stay with the body at the spot where lying, or where death happened, until the Jury and witnesses were in attendance.

* * * Sir Thomas Smith's short note (*Commonwealth of England*, 1609, B. 2. c. 24.) is not to be taken as proof that the impaneling of the Inquest, the view of the body, the enquiry before the Coroner, and the giving of the verdict, were all in the open air. He says also, the Coroner impanels the Inquest of those which come next by; be they strangers or inhabitants. The Statute of Edward I., *de officio Coronatoris*, declaratory of the Common Law, requires that the Jurors shall be taken from the next adjoining townships.

I have moved several bodies from the Infirmary, and from other places, to the Mortuary for Inquest. I have moved a body from the Mortuary to an other place, holding the Inquest at that other place. In two cases, when viewing the body, I gave my opinion that it would have been better if the body had been moved to the Mortuary for

the Inquest. In none of the cases has any objection or complaint been made, — except by Managers of the Infirmary. No member of the Committee, no Officer of the Infirmary, or other person, has asked, why a body was moved: and the only explanation, — if it may be called so, — before these remarks, is the letter to the Committee, nine months before the first body was moved.

The two Coroners for the University have the jurisdiction over bodies of Members of the University lying dead in the four hundreds in and around the City. There are not on an average more than two Inquests a-year. Bodies under this privilege have been, several times within my knowlege, moved from one place to an other by direction of the Coroners; and since the Mortuary has been provided, three bodies of Members of the University have been taken there for Inquest.

Unless the law is as here stated, the greater part of the buildings called Mortuaries, — the creation of modern Statutes, — often at a distance from the place where death happened, or where the body was when the death was reported to the Coroner, must be useless; and it must be illegal to use them for most of the purposes for which they have been provided throughout the country at the public expense.

The damp and unwholesome cell at the Infirmary, — made more so by the wall lately raised on the adjoining land, at the South side, — in which the body is placed, not always in decent condition when presented to view, the place sometimes crowded with other bodies, — is not, in my opinion, a fit place for attendance of Jurors, not always persons familiar with such sights. Moreover, the bodies, in the keeping of Officers of the Infirmary, are not safe from violence. Besides, after being sworn at the room where the Inquests are held, close to the Mortuary, the Jury ought not, without good and sufficient reason, to be put to the trouble and delay of going to the Infirmary to view the body. If the Coroner has not the power to move the body, has he the power to make the Jury go to a distance to view it?

* * * A Brother Coroner, a Barrister, sending a copy of a Form of Order for moving a body, writes to me, — As in most cases I find it necessary to move bodies to the Mortuary, and as the friends and relations often object to such removal, I have had a Form printed, which I issue to my Officer whenever necessary. He is thus enabled to show an authority for the removal of the body, which generally prevents all opposition. This order I issue under the Public Health Act, 1875, Sect. 143, in regard to *post-mortem* examinations; and under the Common Law, and Sanitary Acts, as regards possession of the body by the Coroner, for the proper carrying out of his enquiry; and, as a Magistrate by virtue of his office, on Sanitary grounds.

April 1893.

The Lord Chancellor did not think it desirable to express an extra-judicial opinion on the point of law. But in his Lordship's opinion, the general rule should be, to leave the body where it is; — the removal only taking place on grounds rendering it proper, in relation to each particular case as it arises: —

— Adding, further, in reference to letters which had been made public, that to enter upon controversial correspondence is not desirable in a Judicial Office.

24 *July*, 1893.

* * * * *
* * * * *
* * *

By the same Author.

Miscellanea Medico-Chirurgica; — Cases in Practice, Reports, Letters, and Occasional Papers. 1882, 1887.

Accidents, in the absence of the Medical Officer; — A Lecture delivered to the Volunteers of the City of Oxford. 1866.

Extracts from Various Authors; and Fragments of Table-talk. 1891.